AN ACTION RESEARCH STUDY OF COLLABORATIVE RELATIONSHIPS BETWEEN PSYCHOTHERAPISTS AND MEDICAL DOCTORS

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Abstract

Evidence has demonstrated that clients served at community mental health clinics are not receiving optimal quality of care. The National Institute of Mental Health (NIMH) suggests that physical health problems can complicate the treatment for mental health disorders. Consequently, both mental health and physical health conditions should be treated together. A review of the literature found an absence of information on collaborative efforts between clinicians for providing integrative treatment to mental health patients. This is especially true for low income, minority, and other populations typically treated at community-based clinics. This action research project used a triangulation approach to investigate psychotherapists' level of collaboration with medical doctors and other healthcare practitioners and to assess knowledge of integrative and non-pharmacological health practices. A sample of N = 30 psychotherapists employed at selected community mental health clinics, completed an 18-item close-ended survey. Findings suggest that half of psychotherapists (50%) reported ever communicating with physicians, nutritionist/dieticians (27%), and other types of alternative healthcare practitioners (10%). Familiarity with integrative and non-pharmacological approaches to care was negligible among the entire sample of respondents, and even lower among those without a history of clinician collaboration. A subsample of n = 6 psychotherapists participated in a focus group discussion. Data were used to conduct a thematic analysis of key barriers and opportunities perceived by the participants. Findings identified gaps in knowledge and practices and will be used to initiate collaboration and delivery of integrative healthcare approaches by psychotherapists treating patients at these community-based mental health clinics.

Dedication

I dedicate this dissertation to my beloved mother, Mrs. Margaret Jackson Sr., who has dedicated her life to preparing and molding me for surmountable accomplishments such as this.

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I would like to acknowledge my daughter Shima Jackson, granddaughter Seania Williams, and uncle Hoover Edwards who supported me throughout my dissertation journey. I extend my gratitude to Omar Reid, PsyD, and the staff at the mental health clinic who made this project possible. I thank my committee members Terry Tirrito, PhD and Diane Van Cleave, PhD for their academic guidance. Many thanks to Judy Burnette for her feedback on various aspects of this project and Liza DiMare Molina, ScD, MPH, for her assistance with editing and data analysis. But most importantly, this process has keenly reminded me that through faith in Jesus Christ, courage, strength, and hope are safeguarded, and all things are made possible.

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CHAPTER 1. INTRODUCTION

Background of the Problem

Over the past several years, evidence has demonstrated that clients served at community mental health clinics are not receiving optimal quality of care (Druss & Bornemann, 2010). Although psychotherapists have made concerted efforts to address the health problems of clients, they have not been successful in delivering the most effective forms of treatment. In the 1990's the National Institute of Mental Health (NIMH) announced that mental health disorders and physical health conditions should be treated together because they are closely connected (NIMH, 2008). Collingwood (2012) reported that a person who suffers from depression often experiences a host of physical health problems compared to those without depression that can complicate both the assessment and treatment of affective conditions such as depression (Collingwood, 2012).

Healthy People 2020 provided a set of guidelines produced by the U.S. Department of Health and Human Services (USDHHS) as a strategy for improving the health for all Americans (USDHHS, 2010). The comprehensive 10 year plan included over 1,200 objectives to meet national goals in 42 topic areas benchmarks for monitoring progress over time have also been established (Healthy People 2020, 2008). The USDHHS served as the foundation for disease prevention and health promotion efforts across the United States. In 2008 the DHHS developed a tool for assessing the general health status of the United States population by measuring physically and mentally unhealthy days experienced within the past 30 days of the assessment date (Healthy People 2020, 2008). In 2009, individuals in the United

States reported an average of 3.6 physically unhealthy days and 3.1 mentally unhealthy days in the past 30 days. Adults' ages 18 to 24 years reported 4.0 mentally unhealthy days compared to 6.0 days for adults between ages 24-75 and 2.0 days for adults age 75 and older (DHHS, 2010).

Statement of the Problem

The prevalence of mentally unhealthy days can interfere with the ability of individuals to maintain good physical health. NIMH reported an estimated 13 million American adults have a seriously debilitating mental illness but additional information on the contributing physical health problems was not considered. Ruddy, Borresen, and Gunn Jr., (2008) found that psychotherapists are not making contact with medical professionals to discuss issues regarding patient care. Lack of engagement between psychotherapists and other medical practitioners accompanied by insufficient awareness of integrative or holistic systems to treat mental health conditions, may contribute to the overall inadequate quality of care provided to their patients (Ruddy et al., 2008).

Farnam, Zipple, Tyrrell, and Chittinanda (1999) reported that little attention is focused on the health promotion and prevention needs of people who suffer with both medical conditions and mental disorders. The authors reported that there is a need for collaboration between health professionals in order to prevent unhealthy lifestyles. They suggested that while mental health research has focused on the negative consequences of mental illness, not enough attention has been paid to the treatment for poor general physical and mental health conditions. The authors further highlighted how critical it is to integrate and better coordinate both types of care needs of

individuals (Farnam et al., 1999).

It was hypothesized that increasing the awareness of psychotherapists regarding the relationship on the relationship between physical health and mental health disorders as a means for improving health outcomes is needed. Psychotherapists can increase their knowledge and understanding about the different physical health issues affecting their clients that can lead to making better mental healthcare decisions. If psychotherapists are not trained appropriately, then the client can be at greater risk of incurring health problems or chronic diseases such as a thyroid condition, vitamin B deficiency, diabetes, and other chronic medical conditions.

Rationale

Constituents inclusive of the clinic director, administration, board of directors and clinical staff of a collaborative of community-based mental health clinics, were interested in addressing how the physical, medical, and emotional health of their clients can be better addressed as a holistic system. It was suggested before beginning this project that the clinical staff lacked the knowledge and experience was needed to adequately address the issue of providing integrative health services.

The practice of psychotherapy does not require understanding nor does it address the overall physical health problems of clients. Through collaborative relationships with medical doctors, relevant information can be shared in order to address a client's physical health status and need for support from nutritionists and other health professionals (Farnam et al., 1999). According to Ruddy et al. (2008), healthcare professionals have limited contact with other clinical disciplines, and do not share important information about patient care. Difficulty with establishing reciprocal

relationships between psychotherapists and medical doctors is also noted (Ruddy et al., 2008).

This action research (AR) project was conducted with the goal of collecting information about the barriers and obstacles that interfere with the delivery of integrated health services to mental health clients. Collaboration can prepare the groundwork needed for providing treatment that is effective in lowering co- morbidity and mortality rates associated with mental illness and health issues not typically addressed in client care (Farnam et al., 1999). Reasons that contribute to barriers for the delivery of comprehensive services were investigated. Psychotherapists were able to discuss issues including collaboration with other practitioners and addressed specific questions and concerns regarding nutrition, alternative medicine, and methods for providing better healthcare for mental health clients.

Collaborative relationships between psychotherapists, medical doctors and other practitioners were explored and findings will be used in the future to guide better management of integrative care and positive mental health outcomes. Swayne, Duncan, and Ginter (2012) described the role developing an action plan plays in managing a particular strategy. Collaborative relationships between psychotherapists and medical doctors are important because the integration of care can help to better understand the root causes of health problems not typically addressed in community mental health clinics such as the one studied as part of this action project. Findings clarified barriers for building a strategic framework to address this service deficit.

A collaborative relationship between psychotherapists and medical doctors is considered to be the foundation for working effectively to create goals for treatment

that will lead to the improvement of client healthcare (Ruddy et al., 2008). Addressing thyroid conditions, vitamin B deficiency, diabetes, high blood pressure, cardiovascular disease, and other co-morbid conditions known to be associated with the mental and emotional health of individuals can be of importance in achieving optimal health. Action is needed to provide improved integrated services that can match patients to "best therapeutic practices" for those with multi-morbidities (Boyd & Fortin, 2010, p. 451). Integrated healthcare can be part of the treatment that psychotherapists provide for their clients.

Psychotherapists could integrate physical activity and dietary programs to teach proper self-care habits that would be beneficial to clients throughout life (Sharma, Gittelsohn, Rosol, & Beck, 2010). Soh, Walter, Baur, and Collins (2009) argued that poor mood or mental status is a cause of poor diet, while good nutrition and increased physical activity is considered important for achieving and sustaining the individual's overall health (Soh et al., 2009).

A purpose of this AR project was to gain an understanding of the degree of awareness, interest, and potential for initiating collaborative relationships between psychotherapists, medical doctors, and other healthcare practitioners. The use of alternative, complementary, and holistic processes for improving client mental health conditions was also considered. Study participants shared their knowledge experiences, and perceptions regarding how to provide more integrative healthcare services to their clients. Kazdin (2008) reported that collaboration and knowledge of integrative health practice bring large benefits to clinical practice although it has been found that medical doctors fall short of being exposed to ideas and ways of thinking outside traditional

biomedical science. Kazdin (2008) further asserted that there is a general lack of cooperation between psychotherapists and medical professionals in addressing patient needs.

Overview of Collaborative Relationships

A practical approach to health education and promotion is useful for changing the overall health problems of individuals. According to Williams (2007), successful collaboration is best fostered through team building. She suggested that more research about collaboration is needed so psychotherapists can learn how to develop collaborative relationships with medical doctors and other health practitioners to best address both mental and physical health problems. D'Amour, Beaulieu, San Martin Rodriguez, and Ferrada-Videla (2004) determined that collaboration is critical when the goal is to provide patients with quality care. These authors emphasize the importance of effective collaboration with other healthcare professionals to address specific health conditions (D'Amour et al., 2004).

Many clients have physical health conditions that may be contributing to a mental health condition for which they are receiving treatment. According to the director of the community-based clinics in this study, "Over a hundred adults and children receive treatment at these facilities for mental disorders that are misdiagnosed and compromised because of various physical health problems" (O.Reid, personal communication, August 14, 2014). A goal of this AR project was to study the potential for collaborative relationships between psychotherapists, medical doctors, and other practitioners for engaging clients in better lifestyle and self-care choices. It is

imperative that a range of information regarding regular exercise, good nutrition, spirituality, adequate sleep, and abstinence from smoking and alcohol abuse be included as part of a comprehensive outpatient treatment plan for patients. Ruddy et al. (2008) believed that the focus on lifestyle change strategies is useful in treatment for people who suffer from both mental and physical health issues (Ruddy et al., 2008).

Psychotherapists were able to identify ways to coordinate better healthcare strategies with client medical doctors in community settings. The integration of physical and mental healthcare is an important approach to effective healthcare at community mental health clinics (Katon & Unutzer, 2013). According to Berman (2010), psychotherapists who provide mental health treatment have not been provided with methods for understanding the complex inter-relationships associated with effective treatment.

This study explored how collaboration with medical doctors and other practitioners can be used to develop integrated strategies that better manage client mental conditions. Therefore, identifying some of the gaps that exist in the practical application of research and theory in community mental health settings was a goal. Ways in which psychotherapists could enhance integrated treatment methods and build collaborative relationships between clinicians were also explored.

In community-based mental health clinics, psychotherapists may or may not elect to use traditional assessment tools depending on the appropriateness for creating change in client functioning. Mechanic (2006) suggested that healthcare professionals should maximize healthcare for all groups by using appropriate assessment tools to affect change in functioning. It is believed that increasing awareness and acceptance of

the mutual benefits of collaborative relationships between psychotherapists, medical doctors and other practitioners can enhance the use of specific assessment and treatment tools to benefit clients. Findings for action research studies will be used in the future to produce a set of guidelines for training psychotherapists about treatment options for people who suffer from both mental and physical conditions.

Purpose of Study

The purpose of this AR project was to explore ways in which collaborative relationships between psychotherapists and medical doctors can be strengthened for the purpose of improving mental health conditions. This study served as a vehicle to support professional collaborative relationships that provide integrated services to individuals with both mental and physical health problems. Results based on the perceptions and experiences of psychotherapists were examined to add new knowledge and skills and increase awareness of a new intervention options effective for reducing bio-medical health problems associated with mental health conditions.

Significance of the Study

A review of relevant literature revealed that a significant number of people experienced both physical and mental health conditions for which they may not be receiving optimum treatment (Godin, Belanger-Gravel, Eccles, & Grimshaw, 2008). The National Association for Healthcare Quality (NAHQ) (2011) code of ethics investigated the efficacy of intervention for improving health outcomes. They reported that in order to provide optimal care, a healthcare professional is required to create and support an environment that fosters teamwork, explain healthcare options; recognize client concerns as it pertains to their own health; and promote life-long learning

(NAHQ, 2011). It is important that psychotherapists and other healthcare professionals adhere to the NAHQ code of ethics and standards of practice as a guide for the ethical treatment of all clients (NAHQ, 2011). Moreno et al. (2008) noted that prior to providing treatment a psychotherapist is required to assess how to best improve the clients' level of healthy functioning. By interpreting health related knowledge in the context of developing effective treatment in accordance with overall client health needs, psychotherapists can help individuals achieve an improved state of mental health.

Research Design

This AR project used a mixed methods approach. Specifically it involved the triangulation of survey and focus group data from psychotherapists regarding their knowledge, perceptions and experience with professional collaborative relationships and their understanding of alternative health methods and health development. Flyers were distributed to the three mental health clinic sites. Psychotherapists who met the eligibility requirements were contacted by mail and a follow-up phone call. Potential focus group participants were invited to attend a regularly scheduled staff meeting held at the Massachusetts headquarters of the mental health clinic to learn more about the AR project. Meeting at the Massachusetts site provided an opportunity to present the study to a large number of psychotherapists at one time.

A convenience sampling method was used to obtain the highest number of participants out of the possible 60 psychotherapists. A combination of close-ended and focus group discussion allowed participants the opportunity to share their knowledge, experiences and perceptions about collaborative relationships and use of integrative

health methods to treat mental health clients.

Perceptions and attitudes regarding collaboration with other clinicians, barriers, and opportunities for developing strategies for the delivery of integrative healthcare to clients were shared. The questions were designed to assess the degree of collaboration with other practitioners and to understand the degree of knowledge regarding the role of nutrition and other non-pharmaceutical methods in the treatment of physical and mental health conditions. The survey and focus group questions were reviewed for accuracy and reliability by two doctorate level behavioral health practitioners.

Compensation was not offered. Participants were provided with information that includes an explanation and reason for the project, a confidentiality statement, the time and length of study, a participant agreement form, and a letter of appreciation. The survey issued was termed "Psychotherapist Holistic Health Awareness Assessment" (PHHAA) and consisted of 18 questions developed by the researcher to assess psychotherapist knowledge of alternative health methods (See Appendix B). The information collected from the survey was used to reflect upon the experiences of participating therapists and to create the focus group discussion questions. Thirty (N = 30) psychotherapists complete and an 18-item closed-ended survey. All of the completed survey data were collected stored in Excel and analyzed using SPSS 21. A subsample of six psychotherapists participated in a one hour focus group discussion. The focus group was audio recorded and professionally transcribed and analyzed. Data will be kept in an undisclosed location for three years after the survey date.

Focus group participants were informed of the necessity for total honesty when responding to the questions (Creswell, 2009). The objective for using a focus group in

this AR project was to collect more in depth information from psychotherapists. The focus group session was based on 13 open-ended questions based on the survey responses and used to generate group discussion. Psychotherapists shared their knowledge and stories about experiences, awareness, and perceptions regarding collaborative relationships with other healthcare professionals, and their insights on how to best connect with medical doctors and other practitioners for the delivery of more comprehensive and integrative healthcare.

Kaiser (2009) reports that the importance of protecting participants' confidentiality in qualitative research. Confidentiality was discussed with the participants. They were informed that the focus group session would be taped and transcribed in order to capture the experiences, thoughts and ideas discussed within the group. The participants were required to sign an adult consent form which included a section on taping of the focus group discussion. The transcription was filed in a non-disclosed location and will remain stored for three years after the focus group date. At the beginning of the focus group session participants had an opportunity to ask any unanswered questions on information presented. Participants were informed that they could refuse to answer any question, and could withdraw from the study at any time without penalty. Information disclosed during the focus group session was completely confidential. Names were not used during the focus group session. No participants could be identified and the recording was not shared with anyone outside of the focus group in order to avoid voice recognition and to protect identity and privacy. The transcription was reviewed for purposes of identifying frequencies and patterns of re-emerging themes.

The aim of this AR project was to access the knowledge, experiences, and perceptions of psychotherapists regarding the potential for collaboration with medical doctors and other practitioners as a means of improving the delivery of integrated services. The study utilized a triangulation or mixed method approach which included a survey and a focus group to answer the research questions. Questions were written to generate participant discussion about collaboration and note differences in knowledge, perceptions, and experiences, which is useful in the development of a new healthcare delivery model.

Research Questions

This AR project explored the knowledge, perceptions and experiences of psychotherapists regarding the development of collaborative relationships with medical doctors and other practitioners in order in order to improve healthcare practices and mental health outcomes among clients served at the three participant community mental healthcare clinics.

The following research questions were answered in the study

1. How can psychotherapists develop collaborative relationships with the clients' medical doctors to provide effective treatment for their clients?
2. How can community mental health clinics change their interventions in order to improve overall healthcare for the clients?
3. What new interventions utilizing holistic healing and alternative health methods can be used by psychotherapists and medical doctors to develop an integrated and comprehensive mental health treatment plan?

Findings will serve as a vehicle for changing ways in which collaborative relationships can be used to promote healthy lifestyles in individuals experiencing both mental health and physical problems. Outcomes will be applied to future intervention models of care to decrease overall health problems of clients served by participating psychotherapists.

Assumptions, Strengths, and Limitations

The key assumptions were that (a) psychotherapists at these community-based clinical facilities have not yet developed an effective way to collaborate with client medical doctors and other practitioners for the improvement of client care (b) psychotherapists at these community-based facilities had limited experience with practicing integrated health method and (c) in spite of limitations, participants remained open to the concepts of collaboration and integrative health.

Ruddy et al. (2008) argued that more research is needed to better teach the value of collaboration within an organization. A guide based on this information will be developed as a means to foster change from current practice.

Cumulative findings were not available to participant psychotherapists, clinical staff, and other clinicians who serve the urban community. It is hoped that sharing outcomes will increase an understanding about the influence of collaborative relationships on the integrative care of chronic physical and mental health conditions. Kelley Clark, Brown, and Sitzia (2003) noted that surveys are an appropriate method for receiving pertinent information that could answer research questions by providing a "sufficiently large data set for analysis" (p. 262). Devault (2014) and Kelley et al.

(2003) suggested that surveys are more effective when used to explore how to address a problem.

Definitions of Terms

The following is a list of definitions for terms used throughout this AR project:

***Cardiovascular disease* -** It is recognized as a heart disease which can cause depression if there is no physical exercise or diet plan for managing the symptoms (Nemeroff & Goldschmidt-Clemont, 2012).

***Chronic Diseases* -** A long term disease, such as cardiovascular diseases, diabetes, and chronic obstructive respiratory diseases. Many chronic conditions are neglected globally despite growing awareness of the serious burden they cause individuals (Geneau, et al., 2010).

***Complementary alternative medicine (CAM)* -** Non-conventional techniques including but not limited to nutritional, energy, manipulative, exercise, acupuncture, and spiritual therapies (NCI, 2015). The person is recognized as a holistic system rather than as separate or part of a collection (O'Connor, 2011).

***Diabetes* -** A metabolic condition in which the body's inability to produce sufficient insulin causes elevated levels of glucose in the blood. This condition can cause symptoms of depression and anxiety (Lin et al., 2009).

***High blood pressure* -** One in 3 Americans has this chronic condition that is described as having systolic pressure above 140 and diastolic pressure above 90. HBP can be induced by high sodium diets, obesity and is associated with a host of other chronic health problems including mood disorders (Dean et al., 2012).

Homeopathic **-** A type of medicine that is practiced based on the “law of similar” or the belief that the body has the ability to heal itself (Peckham, 2012).

Medical Doctor **–** A medical doctor or physician is a medical professional who diagnoses and treats people for illnesses and injuries. They prescribe medications, order, and monitor different forms of treatment (Prgomet, Georgiou, & Westbrook, 2009).

Naturopathic **-** An alternative to conventional western medical treatment that is based on the principles of prevention, treatment, and optimal health through the use of therapeutic methods and substances which encourage the person’s inherent self-healing (Wardle & Oberg, 2011).

Person-centered therapy **-** A form or psychotherapy in which clients are believed to be better helped if encouraged to focus on the current subjective understanding rather some unconscious motive or someone else’s interpretation of the situation (McLeod, 2008).

Psychotherapists **-** Professionals who provide treatment of mental illness and behavioral disturbances, in which an attempt is made to alleviate the emotional disturbance, reverse or change maladaptive patterns of behavior, and encourage personality growth and development (Dryden & Spurling, 2014).

Stakeholders - A person, group or organization that shares concern in an entities mission, actions, objectives and policies. In this study, patients, clinicians, the administration, board of directors and director of the mental health clinics under study are all constituents.

Thyroid Disease: A condition caused by an abnormal production level (high or low) of thyroid hormones. It also can affect your mood causing depression or anxiety (Tartakovsky, 2012).

Vitamin B12 deficiency - An abnormally low level of vitamin 12 which can lead to other chronic depression and pernicious anemia (Ramsey & Muskin, 2013).

Expected Findings

Levels of holistic care knowledge and collaboration were expected to be low. Findings were used to increase awareness and collaboration with medical doctors and other clinicians. Improvement of the mental and physical health conditions is the anticipated result of developing comprehensive and integrated health treatment plans for each client.

Vazirani, Hays, Shapiro, and Cowan (2005) conducted a study of collaborative relationships between health professionals to determine if collaborative relationships can be used to improve communication on an inpatient unit. The results of their study suggested that effective communication, which can be achieved through collaboration, is critical in providing better healthcare.

One desired outcome of this project was to change approaches in how psychotherapists provide outpatient treatment to the clients served at urban community-based mental health clinics. Ideally psychotherapists will collaborate and network with medical doctors and other practitioners to determine an integrative healthcare approach for clients. Training programs for psychotherapists can be developed in order to increase awareness of quality comprehensive healthcare that

addresses both general and mental health conditions for outpatients at community mental health clinics.

Organization of the Study

Chapter 2 reported current and relevant research related to collaborative relationships between psychotherapists and medical doctors. A review of the literature included the theoretical approaches, conceptual debates, and a comprehensive evaluation of viable research designs used to bridge the gaps in understanding the relationship between mental health, and physical health conditions for improving functioning.

Chapter 3 provided details of the research design that were used for the study. The target population was discussed. The participant selection and sampling process were explained. The instruments and data collection procedures were described. Processing, coding of responses relative to the research questions and subquestions were provided with an explanation of the qualitative analysis to be applied. The philosophy behind the study, the research questions, variables, limitations of the research, expected findings, and ethical issues were all addressed.

Chapter 4 detailed the results of the AR project, and included a description of the sample, reporting of the survey and focus group data collected, processing, and thematic coding of responses relative to the research questions.

Chapter 5 included conclusions, recommendations, and an assessment as to the degree to which the dissertation project was able to addresses the problem. A presentation of the data and results of the analysis were included in the written report and graphic presentation. Personal insights explain the strengths and weaknesses of the

study. The interpretation of the results and recommendations for future research of an integrative approach to mental health delivery in community-based settings were discussed.

CHAPTER 2. LITERATURE REVIEW

Introduction to the Literature Review

The purpose of this AR project was to gain a better understanding of the knowledge, experiences, and perceptions among psychotherapists. Themes that emerged were used to describe levels of awareness and interest in collaborative relationships with other healthcare practitioners and to improve the delivery of integrative health services in the community mental health clinics.

A number of recent studies found that collaborations were generally associated with two or more professionals working together to service individuals, families, groups, or populations (Barker, 2003). This literature review considered whether collaborative relationships with medical doctors and other clinicians can increase psychotherapist awareness of collaboration is useful in addressing and alleviating both mental and physical health problems experienced by clients.

Panzer (2012) defined collaborative relationships as clinically necessary in addressing any epidemic and are essential for providing treatment to individuals using 'novel interventions. In summary, they argued that collaboration is useful in helping improve health issues experienced by the individual (Panzer, 2012). The authors also addressed the importance of cooperating with other practitioners about other philosophies and methods for enhancing learning among health professionals and the delivery of patient care (Panzer, 2012). Researchers have pointed out that a large number of healthcare professionals do not collaborate in an effective manner (Zwarenstein, Goldman, & Reeves, 2009) understanding the limitations of psychotherapist's collaborative behaviors and knowledge of integrative and

comprehensive approaches for the treatment of mental health clients underscored the crises currently experienced in the US healthcare system.

Evans, Finkelstein, and Kamerow (2004) argued that interventions that focus on the individual are relatively easy to justify on economic grounds. Nestle (2006) suggested that most people understand the consequences of becoming unhealthy. However, not everyone is willing to accept alternative treatment to address the most highly prevalent medical conditions such as diabetes, hypertension, respiratory conditions, kidney disease and stroke. Furthermore, environmental factors in community-based clinical settings influence the experience of the health problems experienced (Nestle, 2006). According to Jorm (2000), knowledge of "physical diseases" is more common than the knowledge of "mental disorders" (p. 231). He also believed there is lack of treatment for people who suffer with mental disorders compromised or exacerbated by physical illnesses or physical disabilities (Jorm, 2000).

Porter et al. (2012) reported that mental health disorders and physical health diseases are disabling for individual in many ways. They discussed how disease can affect anyone regardless of age, and emphasize that many associations that exist between mental illness and chronic illnesses such as cardiovascular disease, diabetes, asthma, and arthritis. One example has been noted that individuals who smoke tobacco have been found to be at higher risk of depression, and suicide ideation. Both mental health and physical health disorders both significantly contributed to adult disability.

Mirowsky and Ross (2008) argued that health education acts as a "root cause of good health" because it gives people the resources to control and shape their own lives in a way that "protects and fosters good health" regardless of the status of the person

(p. 96). According to Marks, Allegranite, and Lorig (2005), many people suffered from chronic diseases such as arthritis, diabetes, and heart diseases that cause pain, functional impairment, and emotional dysfunction which can be substantially reduced through the use of health education.

The authors suggested that healthcare professionals work separately because they are trained and learn separately and make an interesting argument for more integrative strategies for educating practitioners (Marks et al., 2005).

Evans et al. (2004) believed that there is broad public support for government interventions aimed at preventing and reducing chronic health conditions. Although assessments were conducted by psychotherapists they do not possess the knowledge-base and clinical skills required to make the appropriate recommendations for lifestyle changes that could benefit their mental and physical health conditions (DE Hert et al., 2011). Physical checks were typically monitored by medical doctors who routinely keep records on patient care and leave the psychotherapist disengaged (DE Hert et al., 2011). A protocol for monitoring health issues by both the medical doctor and therapist has been well accepted by patients. Contrary to general belief, it was not difficult for psychotherapists to develop a course of action to collaborate with medical doctors about health problems to improve efficacy in client care. Evidence-based research conducted on environmental and social issues that affect mental health clients fall short in examining the role of psychotherapists in providing effective treatment in collaboration with medical doctors. Practice collaboration increases the ability of psychotherapists to integrate knowledge and other resources for enhancing positive mental health outcomes (Nestle, 2006).

Theoretical Orientation for the Study

Holistic Approach to Healthcare

This AR project included “a holistic approach” as a theoretical framework for facilitating collaborative relationships between psychotherapists and medical doctors to promote healthy lifestyles for clients(Coady &Ledhman,(2007, p. 208). These authors described a holistic approach as the foundation for theoretical frameworks because it focuses on the “whole person” and the “role of social surroundings” (p. 208). They stated that medical doctors can be helpful in creating appropriate intervention strategies.

Complementary Alternative Medicine (CAM)

The CAM model was strongly connected to the holistic healing process because it involves ideas of holistic well-being and achieving positive health outcomes (Synovitz & Larson, 2013) and it a mechanism for communicating between the mind and body in treating a mental or physical health conditions (Nichol, Thompson, & Shaw, 2011). It is suggested that when CAM is integrated into services tailored to individual needs to foster healthy lifestyles, clients can become more engaged and motivated to participate in treatment (Nichol et al., 2011). This method is recognized as being an “alternative or supplement to conventional medical care” (Su & Li, p.19).

CAM therapies were recognized as a healing process that encourages the client to seek meaning in their life rather than focus on “sickness” (p. 259). CAM included a variety of healthcare professional services that are provided by experts that can include herbal medicine, homeopathic and naturopathic treatments, natural medicines, herbalists, acupuncturists, nutritionists, massage therapists, and other alternative health

methods (Frass, Strassl, Friechs, & Mullner, Kundi, & Kaye, 2012, p. 47). CAM techniques were used by health professionals when treating individuals for mental illness and physical diseases and are most likely to be used by and with individuals who have the capacity to identify strategies for improving the quality of their own lives (Kralik, Koch, Price, & Howard, 2004).

Synovitz et al. (2013) suggested that healthcare professionals increase their knowledge of individualized healthcare in order to fully understand the role of a holistic healing process. It is recognized as helpful in the development of effective treatment. The CAM model was useful for collaborating with medical doctors about solutions to health problems. Many CAM treatments for health problems were marketed as being very successfully in alleviating symptoms (Kralik et al., 2004). Research has shown that clients are satisfied with symptom relief even if the specific condition persists (Kralik et al., 2004). The authors reported that clients may experience relief from the symptoms of a physical or mental health condition treated by an alternative therapy. CAM can be extremely useful in the healing process for those seeking to maintain a healthy lifestyle (Synovitz et al., 2013).

Person-Centered Therapy

Person-centered therapy was a therapeutic framework pioneered by Carl Rogers. Calicott (2003) describes this theory as useful for “creating bridges and eliminating barriers” that can potentially interfere with effective treatment. Person-centered therapy is a method of support for “individuals and systems” because it focuses on “strengths and needs” (p. 494). According to Cornelius-White, Hoey, Cornelius-White, Motschnig-Pitrik, and Figi (2013), the person-centered counseling

approach was focused on the needs of the clients and their will to succeed. For example, as a result of this study, it is believed that in the future, clients will become more able to focus on their own subjective understanding not the unconscious motive or the interpretation of this situation by someone else. It is considered useful in the development of treatment planning. In order for this theoretical approach to be effective, the psychotherapist should establish a genuine and understanding of what is needed for the client's condition to improve (McLeod, 2008).

Person-centered therapy takes into consideration the perspective of the client in order to allow them to develop a sense of self. When providing person-centered therapy psychotherapists will be able to develop a therapeutic relationship with the client in which the perceptions of the clients are recognized as important for working towards goals. The psychotherapist and client work together in order to complete a task that has been identified in treatment. The therapeutic relationship of personal growth and human development was used to bring about progress of clients toward achieving the goals of treatment. The objective of person-centered therapy is to focus on empathetic understanding and the concept of self-development. It increases awareness of the client and provides an opportunity to promote an understanding of healthy lifestyles. Psychotherapists could use a person-centered approach to change how the client views outpatient treatment (Portner, 2007; McLeod, 2008).

Review of Research and Methodical Literature

The study examined a sample of 30 participant psychotherapists to create organizational change. An action research approach was used to teach and enable practitioners to solve the overall health problems of clients. Changing involves both

the researcher and subjects to develop an appropriate clinical approach to improve practice. According to Cooper and Endacott (2007), AR aimed to bring about change in practice while the research process is taking place. It uses a spiral process to affect change and evaluation. This AR project sought to inform practices, aimed at solving healthcare problems of clients and at the same time, inform theory (Bradbury, 2007). The exchange of ideas and engagement of psychotherapists working in a collective manner aids in this AR process. Understanding how to increase awareness on collaborative relationships between psychotherapists and medical doctors is needed in the clinics.

The theoretical framework of holistic and person-centered therapies which guided this study was illustrated in the AR methodology design. Using holistic healing and alternative health methods can be used by psychotherapists and medical doctors to develop an integrated and comprehensive mental health treatment plan for their clients. The psychotherapists who participated in the study were engaged in a learning process through the focus group discussion and provided deeper insight into the health problems of clients.

Synthesis of the Research Findings

The findings suggested that collaborative relationships between psychotherapists and client medical doctors can be used effectively. The psychologists' lack of knowledge on how to use holistic healing approaches to address both mental and physical condition was evident. If they were trained on how to use collaborative relationship effectively with medical doctors, then they can change patterns of practice and develop skills needed to develop comprehensive and integrative plans for effective

treatment. Based on the data obtained from the participants' psychotherapists a change in how services are being provided could improve overall healthcare in the clinics.

This study provided valuable results based on the mixed methods design used. The surveys and focus group instruments gathered information needed to inform practice. The uses of both qualitative and quantitative research were used to explore and examine the perceptions and attitudes of psychotherapists. A triangulation or mixed method was considered to be most appropriate for this study for understanding how to address the overall health problems of clients.

The qualitative component of the study produced six themes: (a) client beliefs and attitude change, (b) psychotherapist attitudes, (c) family, (d) practitioner/constituent collaboration, (e) cost and coverage, and (f) education that revealed participants viewpoint of the collaborative relationship with medical doctors. These themes were used to help in developing strategies to improve practice.

Barriers of limited insight on mental health treatment were identified. Gathering information to determine how to approach the health problems of clients was implemented. Psychotherapists cited how a new intervention model is needed to address both mental health and physical conditions of clients. Ruddy et al. (2008) proposed a plan is critical in collaborating with health professionals about their clients' healthcare. The use of comprehensive mental health treatment plans and integrative approaches were highly suggested to change current practice.

The combination of these syntheses from the findings to provide answers to the research questions for developing a new intervention model. The findings suggested that not enough evidence-based knowledge exists for psychotherapists to discuss

treatment options. In addition to the systematic review varying in terms of questions, date and methods, need to be transferred to clinical practice to affect change in practice. First, knowledge, perceptions and experiences concerning the integrative treatment of both mental and physical health conditions of their clients were explored. The next step was to discover participant views regarding the statistical finding in more depths. Surveys provided the data to understand perceptions about holistic approaches and alternative health methods. Questions were developed to guide the group discussion on collaborative relationships with medical doctors. This data provided an understanding of their knowledge base for creating a new intervention model in order to improve overall healthcare for the clients.

Critique of the Previous Research

A goal of this AR project was to encourage collaboration between psychotherapists, medical doctors and other clinicians for providing an integrative approach to care most appropriate to support the well-being of the client. Ruddy et al. (2008) focused specifically on collaborative relationships with health professionals. He identified the importance of collaboration to address health issues of clients. Ruddy found that collaboration with health professional is useful because it provides better service delivery for clients. Sowers (2005) argued that psychotherapists must participate in the development of an integrated way to provide services leading to a holistic healing process. The author affirmed the premise that people who suffer with mental illness can lead productive and satisfying lives. Integrative medicine of different healthcare professionals is recognized as an effective treatment. It could be

used to improve overall health problems of clients within community-based mental health clinics (Sowers, 2005).

When looking at published papers and books, as a whole, it was clear that collaborative relationships between psychotherapists and medical doctors can impact the quality of life of clients in a positive way. It is documented how medical care is used to treat physical conditions and that both mental and physical conditions fail to be treated together thereby denying the best health outcomes for clients.

Summary

The preceding review of research validates the premise that psychotherapists must increase their skills to include collaboration with medical doctors in order to improve the level of functioning for clients. Treating clients who present with mental or physical conditions required additional training and information for providing effective treatment.

Researchers have validated that new interventions are needed to better understand and address the lack of awareness by psychotherapists on the importance of collaborating with medical doctors. Glanz, Rimer, and Viswanath (2008) discussed the importance of strategies that focus on perceived changes in health protocols and the need for effective communication in improving health outcomes provided through community-based clinics (Glanz et al., 2008).

CHAPTER 3. METHODOLOGY

Purpose of the Study

The purpose of this chapter is to state and describe the action research (AR) methodology implemented in this project. The working principles of AR included interpretative and naturalistic inquiries because it is used in a natural setting to make sense in terms of the "meanings people bring to these settings" (Stringer & Dwyer, p. 21, 2005). Data collection strategies were interactive in order to discover a natural flow of events and processes for generating organizational change and recommendations for future research.

Intervention

The knowledge of participant psychotherapists was assessed to determine their experiences and perceptions regarding collaboration with physicians and other healthcare professionals who treat their mental health clients. Information from an assessment tool and focus group discussion were used to understand how the perceptions of psychotherapists who work at community mental health clinics can be used to advocate for integrative health approaches and collaboration with other healthcare practitioners. This is a step towards improving the medical and mental health conditions experienced by mental health clients.

A discussion about a research paradigm was essential to fully understand how the perceptions of psychotherapist can be changed for proposing a new intervention model or model of care. According to Taylor, Kermode, and Roberts (2007), a paradigm is used as a broad view or overarching philosophical or ideological stance for understanding the design and development of an intervention and for developing a new

paradigm and bridging elements of scientific knowledge into professional practice (Sarris, Kean, Schweitzer, & Lake, 2011). These authors defined AR as an interactive research process used to identify a new theory. It can foster knowledge that is useful in changing practice. The course of action that was used in this kind of study can develop a new way to understand how to address a specific health problem for individuals. A transition from use of scientific knowledge to action was used in this study. Instruments were used to gather information to support a new intervention model for the delivery of healthcare.

Triangulation

A triangulation method was used in this AR project. Triangulation, which can sometimes be referred to as a mixed method approach, involved the combination of several methodologies to collect data on the same questions in one study. This study utilized three approaches to explore and guide the development and evaluation of collaborative relationships between psychotherapists, medical doctors and other health practitioners. The use of this mixed methodology was able to address different aspects of the research process. The primary methods for collecting data included

1. Surveys
2. Focus Group
3. Field Notes

Research Approach

In this particular study the application of AR as a research methodology was used. The purpose of this AR project was to gain information on how collaborative relationships between psychotherapists, medical doctors and other clinicians can be

implemented to provide quality integrative health services to clients served at community based mental health located in under-served urban areas of Massachusetts. The perceptions of psychotherapists and their experiences providing integrative health were examined to determine how they currently understand the usefulness of collaborative relationships with medical doctors, nutritionists, and practitioners of holistic health. Furthermore familiarity with the use of complementary and alternative health methods for improving mental health conditions for their clients was also examined.

Through this AR project, participants were made aware that collaborative relationships between psychotherapists, medical doctors and other practitioners can improve the delivery of services and quality of life for mental health clients. Vazirani et al. (2005) conducted a study of collaborative relationships between health professionals to determine how to improve communication on an inpatient mental health unit. The results indicated that effective communication is useful in providing better healthcare. However, the actual strategies for implementing a new intervention model for improving health outcomes were not addressed.

This study used a triangulation research approach to achieve the following objectives

- Determine the level of awareness of complementary and alternative health methods among psychotherapists;
- Determine patterns and perceptions of collaboration between psychotherapists, medical doctors and other clinicians in providing effective treatment for clients;

- Develop a new intervention model that can be used to improve collaboration and overall awareness among psychotherapists;
- Learn what key factors are needed for developing a comprehensive and integrative treatment protocol to meet client need?

The questions listed in the instruments (See Appendices A and B) were answered during weekly staff meetings at the three clinical sites. Data (a) provided a rationale for studying current practice regarding outpatient treatment of overall health problems for individuals; (b) examined knowledge and current use of services and resources; and (c) identified key barriers to developing collaborative relationships between psychotherapists and client medical doctors and other health practitioners.

Throughout this project participants were engaged in complex social interactions. Measures were incorporated in order to maintain standards for protecting the participants (Creswell, 2009). The study involved ethical considerations which were adhered to for this project. Stakeholders stand to benefit from this investigation and subsequent development based on findings regarding needs for optimizing healthcare services.

Research Design

This AR project focused on community mental health clinics located in three urban areas of Massachusetts. These clinics provide an array of clinical services, outpatient treatments, home therapy, community support services, and therapeutic mentoring to children, adolescents, adults, and families. A purposeful sampling method was used to acquire participants out of the possible 60 psychotherapists. A total of 30 psychotherapists agreed to complete the close-ended survey of the study. The focus

group discussion took place a week following the close-ended survey data collection and included responses of six self-selected participants.

Each participant received a packet that contained a copy of the study with its description, an informed consent form with instructions, a participation agreement, and demographic questionnaire. Information regarding the date and time of the focus group meeting with the designated location was also provided. To maintain privacy and confidentiality, data codes A1-A30 were used to replace names to maintain the study anonymous. No compensation was given for completing the questionnaires or for participating in the focus group. Individuals who consented to participating were also informed that they could refuse or end participation at any time without loss of employment or any other benefits to which they are entitled.

A Psychotherapist Holistic Health Awareness Assessment (PHHAA) was developed (See Appendix A) and used to determine how much participants understand about the factors that contribute to a healthy lifestyle. This instrument consisted of 18 Yes/No declarative questions to assess psychotherapists' knowledge of nutrition, holistic health, mental, and physical health issues, alternative health treatment methods, and integrated approaches to healthcare. The survey also asked questions about collaboration with other practitioners. The survey responses were analyzed and used to formulate focus group questions regarding their experiences and perceptions with collaborating with medical doctors and other clinicians for client treatment. Respondents were also asked about attitudes and experiences regarding the use of complementary and alternative therapies for client care.

The focus group questions consisted of a series of open-ended questions based on the findings of the survey (See Appendix B). The purpose of the close-ended survey and focus group was to determine the level of awareness psychotherapists have about the use of integrative health and effective collaboration for responding to the physical and mental health concerns of their clients.

The findings derived from the questionnaires in combination with field notes, observations, and insights from the data were used to develop a new intervention model that enables psychotherapists to effectively collaborate with other clinicians. The experience gave psychotherapists an opportunity to discuss ideas for improving the overall health outcomes of their clients. According to Lewin et al. (2009), an instrument should be tested and retested for reliability. Both instruments were reviewed by doctorate level behavioral health practitioners for content (See Appendices A & B).The focus group discussion was audio recorded, transcribed, and analyzed to identify themes about collaborative relationships, use of alternative health strategies, and overall health issues for clients receiving outpatient treatment at participant community mental health clinics. The focus group discussion provided psychotherapists the opportunity to communicate their knowledge, experiences and perceptions in depth.

Research Design Strategy

Survey questions used information acquired from the literature review as a foundation. The intent was to describe knowledge levels and experiences of psychotherapists regarding collaboration as well as knowledge of integrative health that can influence the ability to improve their delivery of mental healthcare. The study

also sought to determine the best ways to address current lack of collaborative relationships between psychotherapists, medical doctors and other clinicians. The survey, focus group discussion, and field notes expressed the perceptions and experiences of psychotherapists and were used to achieve this.

The survey instrument entitled "Psychotherapists Holistic Health Awareness Assessment" (PHHAA) measured levels of basic knowledge and collaborative practices (See Appendix A). Permission was granted from the program director to modify the intake form currently in use at the clinics. Survey responses were used to guide the focus group discussion facilitated by the principle researcher. The focus group discussion was approximately one hour in duration. Inferences drawn from the data analysis from both close-ended survey and open-ended focus group discussion data will be used in the future for the purpose of improving the delivery of care. It must be noted that the opinions and experiences of medical doctors and other practitioners were not considered in this study that can be regarded as a limitation. Gathering information and perspectives from these additional sources could have been useful for developing additional tools for future use (Green & Thorogood, 2013).

Target Population and Participant Selection

The sample under study consisted of psychotherapists employed at the participating community based mental health clinics The criteria for participation included (a) minimum of Masters level degree in social work or mental health counseling, (b) minimum of two years of experience providing counseling or social services to adults, children, and families, or (c) graduate degree level student intern with at least three months experience providing outpatient mental healthcare.

Procedures

During the initial staff meeting, potential participants were introduced to the basic elements of AR research, were informed that participation was voluntary and that no compensation was offered for participation. They were assured of their right to refuse participation without compromising employment or agency benefits to which they were then entitled. Participants were provided a consent form which required a signature before participating in the study.

Study Instruments

Focus Group Procedure

The focus group was conducted as an opportunity to discuss the outcomes on the PHHAA survey and to provide an opportunity for more deeply sharing knowledge, experiences, and perceptions regarding collaboration and use of integrative health methods. The focus group discussion included participation of six participants, was recorded and transcribed verbatim (See Appendix B).

Field Notes

The researcher kept a daily journal recording the developments of this project. The journal included group activities, observations, personal perceptions and reflections regarding the project.

Field Testing

The purpose of a field test was to ensure that instruments to be used with focus group participants were valid (Creswell, 1998). Rodriguez and Haladyna (2013, Chapter 18) reported that questions to be used in a focus group should be field tested for validity and reliability. These authors suggested that open-ended questions and

qualitative surveys be scored using “differentials” to represent the meaning of each kind of response on the topic in order to determine validity and reliability (p. 383). The two instruments were reviewed, tested, and approved by doctorate level behavioral health practitioners before they were given to the respondents.

Data Collection Procedures

Data about participant knowledge, experiences, and perceptions about collaborative relationships with medical doctors, other health practitioners, and use of CAM was collected. Collection tools included instruments developed by the researcher and approved by doctorate level behavioral health practitioners.

Purposive sampling, a form of non-probability sampling techniques was used. Also known as judgmental, selective or subjective sampling, purposive sampling relies on the judgment of the researcher when it comes to selecting the units (e.g., people, cases/organizations, events, pieces of data) that were to be studied. Purposive sampling, like convenience sampling is described by Nastasi, Moore, and Varjas (2004) as a non-probability sampling method that creates more ease to access participants. Psychotherapists who provide services to clients presenting mental and medical conditions were invited to participate in this study. Respondents were assured confidentiality according to the code of ethics set forth by the IRB of Capella University. Participants were encouraged to contact the researcher if they have any additional questions or interest in the study.

Research Questions

This study sought to identify “How can psychotherapists develop collaborative relationships with clients’ medical doctors to provide effective mental health

treatment"? A subquestion was "How can community mental health clinics change their interventions to improve overall healthcare for clients?" Opinions regarding use of new holistic and alternative health methods to develop an integrated and comprehensive mental health treatment plan were also examined.

Research informed us that there are gaps in the understanding of how to implement collaborative relationships between psychotherapists and client medical doctors in order to improve overall healthcare. The knowledge, experiences, and perceptions of psychotherapists were explored in order to create an appropriate intervention for addressing the overall healthcare delivery needs of clients.

According to Panzer (2012), the role of mental health professionals is to "collaborate with other professionals including pediatricians, medical specialists, nurses, nutritionists, and exercise physiologists" for the improvement in healthcare (p. 13). The lack of awareness about appropriate interventions required to improve overall healthcare must be addressed. Although collaborative care was recognized as a clinical approach for servicing clients, there are "barriers" on how to design and implement a comprehensive and integrated treatment plan (Ruddy et al., 2008, p. 3).

One of the study objectives was to explore ways that psychotherapists can increase their awareness of how to collaborate with other practitioners in providing integrative strategies for treating clients with both mental and physical conditions. Psychotherapists can also help clients to become aware of self-help treatment options by including person-centered therapy in their treatment. This study can be used as the bases for creating a new intervention model that utilizes integrative approaches and collaborative relationships to improve health outcomes.

Data Analysis

Thematic Analysis

Thematic Analysis was used because it is considered to be a valid form of analyzing qualitative research (Alhojailan, 2012). The researcher coded and analyzed the data by hand. Codes were then treated as the foundation for the themes used by the researcher. According to Braun and Clarke, (2006) thematic analysis is used to identify and analyze patterns of meaning with the descriptions that are related to the topic being studied. Padgett (2008) asserts that understanding the root causes of conditions are required to explain phenomena (Strauss & Corbin, 1990).

The Thematic Analysis process consisted of different phases for comparing information obtained from participants. The variables of the study are aligned with thematic analysis in order to interpret the information collected from the survey and focus group discussion. Once the responses from all participants were transcribed, repeating patterns and themes were compiled into a composite synthesis to interpret the meanings and implications of themes or patterns in knowledge, experiences, and perceptions of participant psychotherapists.

The entire focus group discussion was recorded, transcribed, and used to identify patterns and themes, put into context with survey results, and used to respond to the questions and action goals of the project. Using thematic analysis, repeated patterns and themes were identified and compiled into a composite synthesis in order to interpret the meanings and/or implications regarding the questions under investigation. Results were used to create a new intervention model providing effective treatment for individuals served at community-based mental health clinics. Green et

al., (2013) argue that this type of action research is used for comparing the relationships of the populations and to address understandings of health services. This particular AR study was used to increase awareness of collaboration and integrating health practice for improving health outcomes of clients.

Protection of Research Material

The research material was held in strict confidentiality. Identifiers were not placed in the surveys. Only de-identified transcripts were reviewed during analysis. It is possible for this data to be used for during multiple phases to develop strategies for addressing overall health problems. The researcher stored the data in a secured file cabinet at the central community mental health clinic located in Massachusetts. The data is scheduled to be destroyed by the investigator after seven years have expired. Use of the data is restricted to informing the clinical team and administration of potential approaches for improving current health delivery practices.

Strengths and Limitation of Research Design

Limitations of the research design include (a) Dependence on honest responses of the participants regarding their knowledge, experiences, and perceptions, and (b) Lack of involvement of medical doctors. The strengths of this study included (a) data collection took place in the service environment and (b) The study was developed in response to an expressed need for a new intervention model by the clinical director and constituents.

Ethical Considerations

This study did not involve a vulnerable population but did have the potential of ethical issues related to power differential that may be felt by those employed by the

clinic. The researcher took responsibility to protect participants in the form of obtaining consent, ensuring protection from harm, protecting privacy, and confidentiality. The researcher is a consultant at the organization, and it was clarified that the researcher had no authority over the participants of this study. The study was designed so that the researcher could not infer who participated. According to the dissertation format guidelines of Capella University (chapter 4 confidentiality and protection of human participants), the protection of participants is taken very "seriously". (p. 42). Prior to initiating "research related interactions with human participants/ subjects and/or their records "(University Policy 03.03.01), it was required to obtain Institutional Review Board (IRB) approval (Capella University, 2009, p. 42).

Each participant received a packet that contained a copy of the study with its description, an informed consent form with instructions, a participation agreement, and demographic questionnaire. The adult informed consent form was signed by all participants before initiating any data collection. Participants were encouraged to ask questions about the informed consent during the staff meetings that were held. Participants were also provided with contact information of the researcher. Individuals who consented to participating were also informed that they could refuse or end participation at any time during this study without loss of employment or any other benefit to that they are entitled. Respondents were assured about confidentiality in according to the code of ethics set forth by IRB of Capella University. The data storage of research materials is used to secure pertinent information of study. It is kept at the central mental health clinic. The researcher is authorized to retain the research

materials for a minimum period of seven years. The research data will be destroyed when expired (Capella University, 2009).

Expected Findings

It was anticipated that information collected would reveal substantial gap in knowledge regarding the use of integrative health services and collaboration for providing comprehensive and holistic treatment to clients.

Summary

This AR study focused on the knowledge, experiences, and perceptions of psychotherapists from three community mental clinics located in under-served urban communities in Massachusetts. Purposeful (convenience) sampling was used to select participants for a survey and focus group discussion. An analysis of close-ended questions and a thematic analysis were examined to generate ideas for developing a future model that considers collaborative relationships between psychotherapists, medical doctors and other clinicians to assure a more integrative and effective approach to healthcare.

CHAPTER 4. DATA COLLECTION AND ANALYSIS

Introduction: The Study and the Researcher

The purpose of this AR project was to investigate psychotherapist experiences, knowledge and attitudes towards collaborative relationships between clinicians and the use of integrative health. Data based on responses of N = 30 psychotherapists can be utilized to create a new models in the future which can provide a more effective delivery of care to clients. The assumption before conducting the study was that psychotherapists lack awareness of how collaborative relationships with client medical doctors can improve mental healthcare of their clients.

This AR project obtained relevant information for understanding how to improve the delivery of mental health treatment. A combination of a close-ended survey and focus group discussion data was used. According to Creswell (2009), AR methodology is used to develop an intervention model for promoting programmatic improvements. Tomlinson (2007) reported that action research concerns itself with solving problems in an effective and feasible manner to make improvement within an organization. It is also useful to describe knowledge, experience, and perceptions of professionals and to identify different strategies for understanding the health issues studied (Stringer & Dwyer, 2005).

Theoretical frameworks of holistic approach and person-centered therapies were used for understanding how to address the mental healthcare of clients. These clinical approaches can be used to determine the appropriate interventions that are

needed to effect change of clients. It may transfer knowledge into action to improve level of functioning of clients.

The Researcher

I hold a Master's degree in Social Work from Simmons College. I am licensed as clinical social worker (LCSW) and have over 25 years of experience working in the mental health field. I am currently employed by the Massachusetts Department of Mental Health (DMH), as a Clinical Service Authorization Specialist. In addition, I am a therapist and clinical supervisor at the mental health clinic located in Massachusetts.

Description of the Sample (Participants)

Inclusion criteria for participation included completion of a Masters' degree or current registration in a graduate degree program, and a minimum of two years' experience working in the social service field. Table 1 lists the demographics of the study participants. A total of $N = 30$ psychotherapists participated in the 30 minute close ended survey included males (56.7%) and females (43.3%), with the majority identifying as African-American or Afro-Caribbean (72.3%) followed by Latino (26.7%). None of the respondents identified as Non-Hispanic White. The majority (86.7%) identified as holding a Master's degree, the others held a Bachelor' degree and were completing graduate internships. The subsample ($N = 6$) of focus group discussion participants were female (67%), African-American or Afro-Caribbean (83%) and Latino (17%).

Table 1. Demographic Description of Respondents (*N* = 30)

Demographic	*N*	Percent
Gender		
Male	17	56.7
Female	13	43.3
Race/Ethnicity		
African American	13	43.3
Latino	8	26.7
Haitian	7	23.3
Jamaican	2	6.7
White (Non-Hispanic)	0	0
Degree		
Bachelors	2	6.7
Masters	26	86.7
Doctorate	0	0
Graduate Interns2	6.7	

Summary of Results

A description of the study was distributed to all mental health clinic staff. It explained the purpose, importance, and intention of the AR project. The researcher made all efforts to assure that privacy and work status of all participants was protected. The entire staff was informed that the results of this project would be analyzed and reported only in the aggregate form so as to maintain privacy of single respondents. Each respondent was required to sign an informed consent form before participating in the study.

Clinic stakeholders have tried to improve mental health outcomes in the past with limited success. One of goals of this study was to apply the data collected to strategies for maximizing collaboration and integration of care to increase healthcare

options and to improve healthcare outcomes. Panzer (2012) considers collaboration to be the best practice for improving healthcare outcomes.

The underlying premise of this AR project was to assess the awareness of psychotherapists and their receptivity to collaborative relationships with client medical doctors as a means to improve the service delivery of mental health treatment. During the focus group session, psychotherapists shared an interest in learning more about how collaborating with client medical doctors and other practitioners such as nutritionists can help improve the delivery of effective treatment. Both a close ended survey and a focus group discussion were used to test familiarity and openness to new concepts.

This information provided a better understanding of the value of collaborative relationships between psychotherapists, medical doctors and other practitioners including nutritionists and alternative health practitioners. In addition, new insight was gained on how psychotherapists could increase their understanding of the importance of integrative practices.

The director of the mental health clinic expressed concern that the mental health outcomes for clients did not reflect adequate or effective treatment. Discussions continued through the next calendar year. The director and researcher observed that many of the clients were in need of more than mental health treatment. It was concluded that mental health outcomes of the clients might be related to the various physical conditions that the clients were experiencing.

The director expressed a belief that social workers and counselors have

the capacity to bridge collaboration between mental health professionals and physical health professionals (O.Reid, personal communication, July 22, 2012). The program director granted permission to invite the staff to participate and use the mental health clinic site offices to conduct the study to address these concerns.

Research Questions

The main question that this AR project focused on answering was 'How can psychotherapists develop collaborative relationships with clients' medical doctors in order to develop a more comprehensive and integrative form of treatment for their clients'?"

Subquestions

- How can community mental health clinics improve overall healthcare provided to clients?
- What new integrative interventions can be used by psychotherapists and medical doctors to provide more comprehensive and integrative treatment to mental health clients?

The primary goal of this proposed AR study was to explore how the use of collaborative relationships and integrative health can be introduced to psychotherapists for improving healthcare delivery, promoting healthier lifestyles, and advancing health outcomes.

Details of Analysis and the Results

The initial phase of the study consisted of attending staff meetings at the mental health clinic to invite therapists to participate in the study. An introduction of the AR

project was provided at these meetings. The invitation included a brief summary of this study, eligibility requirements, and study protections of individuals interested in participating in the study. Psychotherapists who met the eligibility requirements were contacted. An explanation of the purpose of the study, the length of this study, and focus group procedure was provided. A packet was provided to each potential respondent containing a copy of the study description, informed consent form, participation agreement, demographic questions, survey and information on focus group time location and instructions.

The study protocol incorporated a set of guidelines with a framework for conducting the focus group session and described the session group process. A thematic coding process was used for understanding the themes that emerged (See Appendix E) from the focus group discussion and were analyzed considering close-ended survey results. Key words revealed themes that uncovered meanings, and informed the discussion of comprehensive treatment and integrative practice. A synopsis of the results was included, focusing on each research question asked in this study. A detailed report with a summary of the results, conclusions, and recommendations will be provided to participants, staff and other constituents.

Data about how participant psychotherapists perceive collaborative relationships with medical doctors was obtained through the focus group discussion (See Appendix B) and the close-ended survey (See Appendix A). The researcher used both instruments to assess the nature of openness and barriers experienced and/or perceived by psychotherapists regarding collaboration for improving mental health conditions of individuals. The AR focus group discussion was guided by a number of

open-ended questions relevant to the outcomes of the close-ended questions and the overall topic studied.

Research Methodology Applied to the Analysis

Both the survey and focus group explored the knowledge, experiences, and perceptions of psychotherapists on alternative methods and holistic healing techniques for determining how it can be incorporated into mental health outpatient treatment. Close-ended data was analyzed using SPSS 21 and reported as descriptive and correlation data. Quantitative data were used to create focus group discussion questions which were useful or obtaining more in depth understanding of awareness and openness to change in the use of collaboration and holistic health methods.

Software programs can be used to code, count key words, and analyze qualitative data. However, for purposes of this study a software package was not utilized. Focus group data was analyzed by hand. This approach to analysis is not uncommon for focus groups in the field of social work (Curl & Cary, 2014). Rather, a five step approach was used to analyze open-ended focus group data and to identify a number of distinct themes related to perceived barriers, opportunities, advantages and disadvantages of integrative health approaches and collaboration. The steps included (a) Recording and transcribing focus group discussion verbatim, (b) Comparing transcription against the audiotape for accuracy, (c) Coding repeated ideas and quantifying common themes that emerged (d) Identifying if themes were consistent with theoretical frameworks, and (e) Identifying implications of findings. The focus group discussion was able to

- Confirm what was anticipated.

- Identify new information.
- Identify opportunities for changing perspectives.
- Gain new insight on important issues.

Thematic information and knowledge provided larger pictures of the dynamics, barriers and opportunities regarding therapist's knowledge of integrative health and collaboration. Findings from the focus group research suggest applications of theories, and plots direction for further investigation. Judgment was exercised to apply meaning of qualitative responses and in relating them to close-ended questions which were quantifiable through statistical means. The combination of data provided insight for meeting research objectives, explore, discover, describe, gain depth, and chart direction of suggestions for changing or improving clinical practice. The ultimate goal of this AR project was to obtain information from participating psychotherapists on their awareness and perceptions regarding the relationship between mental health and physical health conditions, collaboration practices and appreciation for integrative health practices. Outcomes will be used to guide future development of more comprehensive and integrative practice delivery at the participating community mental health clinics. Findings of the survey revealed that psychotherapists had very limited knowledge on alternative methods and holistic healing techniques and experience with collaboration. Results from the focus group discussion were able to describe barriers and opportunities for change related to both holistic health knowledge and collaboration for improving their service model and overall health outcomes of clients.

The focus group revealed that a compromised level of communication can be attributable to their lack of awareness of how to use collaborative relationships to

improve quality of care. The low number of those familiar with alternative health methods was also an indication of exposure to integrating relationships with other healthcare professionals. Although a few were able to discuss the importance of theoretical approaches they did not use them in the treatment of their clients. It is important to consider that the psychotherapists' understandings are likely to be shaped primarily by their training and place of employment where the emphasis is on traditional or pharmacological mental health treatment devoid of cultural competence.

Presentation of the Data and Results of the Analysis

The qualitative data gathered from the focus group discussion was useful for gaining a deeper understanding of psychotherapists' awareness of alternative health methods that may be used when collaborating with medical doctors and other practitioners. The ultimate goal of this AR project was to gather information on current level of their awareness of the relationship between mental health and physical health conditions and opportunities for collaboration and providing a more comprehensive and integrative practice to clients overall healthcare at the participant community mental health clinics. The qualitative data was interpreted to determine what approaches might be needed to increase their awareness about comprehensive mental health treatment and integrative practice. Throughout the focus group the need to create an effective intervention to improve the knowledge base of psychotherapists regarding an integrative health approach of therapists was clearly expressed. Psychotherapists responded to the survey distributed at the mental health clinic (See Table 2).

Table 2. Psychotherapists Who Report Collaboration With Other Practitioners (*N* = 30)

Practitioner	*N*	Percent
Medical Doctor	15	50.0
Nutritionist	8	26.7
Acupuncturist	3	10.0
Naturopathic Physician	4	13.3

Among the thirty psychotherapists surveyed, half (50%) reported regularly collaborating with a client's medical doctor. By contrast, only 25.7% reported considering working with a nutritionist. Fewer psychotherapists considered collaboration with a Naturopathic Physician (13.3%) or acupuncturist (10.0%) for the care of their mental health clients.

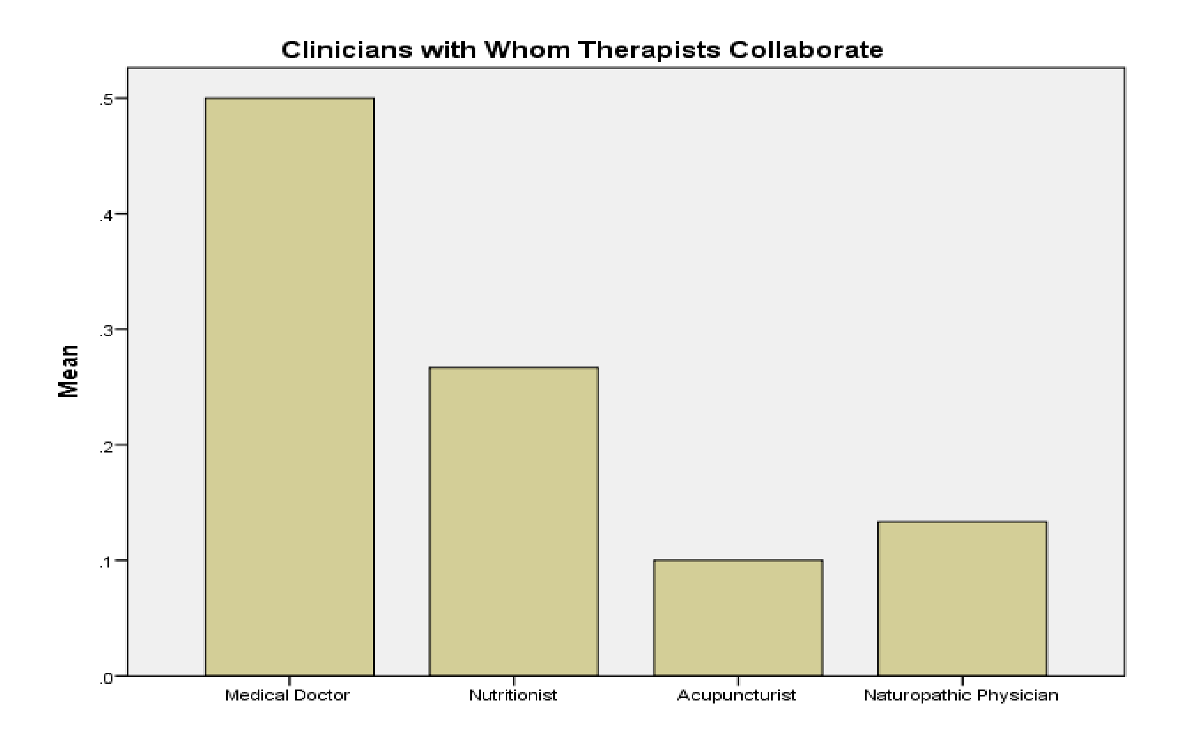


Figure 1. Clinicians with whom therapists collaborate

The psychotherapists who responded to the study reported their familiarity with the health benefits of greens (73.3%) and Yoga (60%). Respondents were moderately familiar with the health benefits of berries (46.7%), steam and sauna (43.3%), diet for heart disease (40%), and fitness (40%). Benefits for the other items such as vitamins for controlling stress, thyroid testing, parasite treatment, food allergy testing and trace colloidal minerals were familiar to very few psychotherapists.

Table 3. Psychotherapists Who Reported Knowing the Health Benefits of Natural or Holistic Remedies By Item ($N = 30$).

Natural Therapy	*N*	Percent
Greens	22	73.3
Yoga	12	60.0
Berries	14	46.7
Steam and Sauna	13	43.3
Diet for Heart Disease	12	40.0
Fitness	12	40.0
Vitamins for Stress	11	36.7
Thyroid Testing	7	23.3
Parasite Treatment	6	20.0
Tea for Depression	6	20.0
Diet for Common Ailments	6	20.0
Food Allergy Testing	5	16.7
Vitamins for Tobacco/Alcohol Deficiency	3	10.0
Trace Colloidal Minerals	3	10.0

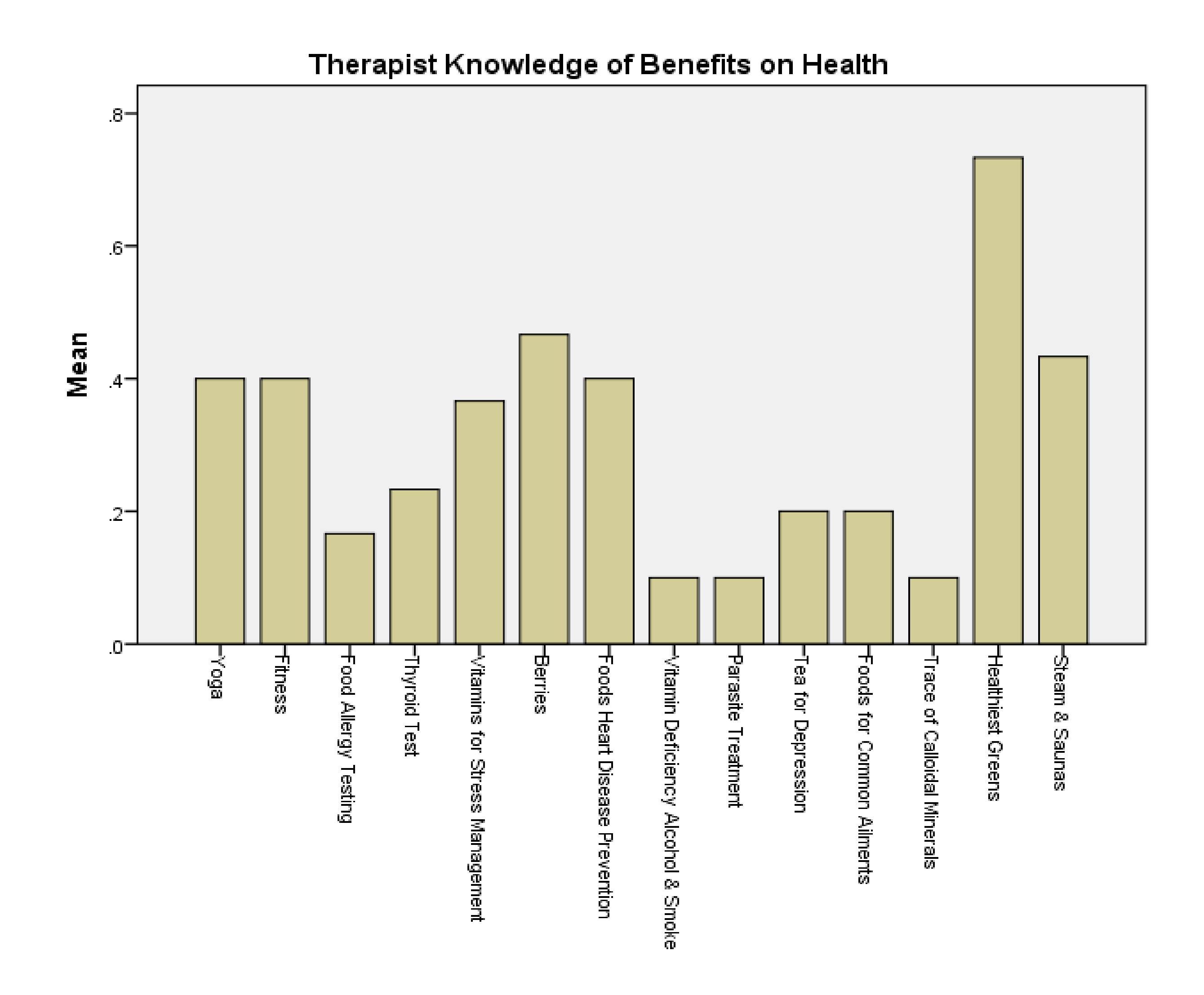


Figure 2. Therapist knowledge of benefits on health

A histogram of scores achieved for total awareness suggested that scores did not follow a normal bell curve distribution. The numbers of scores are not evenly distributed on either side of the mean. The majority of psychotherapists were able to identify the benefits of five or fewer of the 14 nutritional or complementary items listed to promote health and wellness.

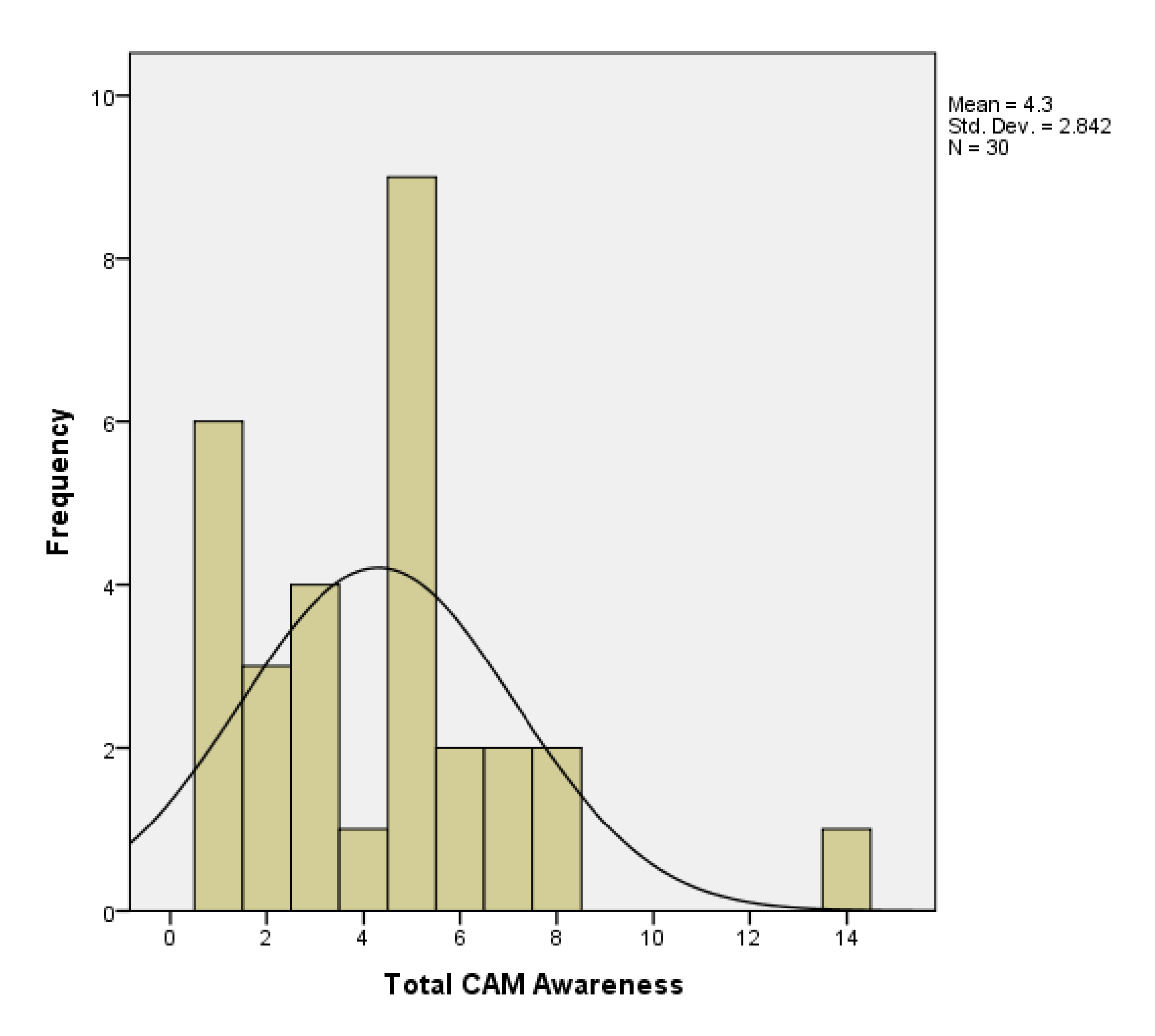


Figure 3. Total CAM awareness

A mixed method approach was used. Thirty (N = 30) psychotherapists were selected to complete an 18-item closed-ended survey. All of the completed surveys were collected and the data stored in an Excel database. SPSS was used to measure if significant relationships could be measured between awareness of natural or holistic healthcare approaches and collaboration with other health practitioners inclusive of medical doctors, nutritionists, acupuncturists, or naturopathic physicians. Correlations suggested

the only significant relationship measured was between total knowledge of natural or holistic health, and collaboration with a nutritionists r = .394, p = .05) when providing patient care (See Table 4.).

Table 4. Relationship Between Awareness of Natural and Holistic Health Among and Collaboration With Other Practitioners: Pearson's Correlation (N = 30)

	1	2	3	4	5
1. Medical Doctor	1	.603 **	.333	.392*	.250
2. Nutritionist		1	.553 **	.650 **	.394*
3. Acupuncturist			1	.196	.123
4, Naturopath				1	.063
5. Knowledge Score					1

An ANOVA was conducted to measure differences in knowledge of natural health treatment methods according to their report or collaboration with other clinicians. It was noted that only those therapists that referred clients to a nutritionist scored significantly higher (M = 6.23, SD = 3.4) in overall awareness of natural or holistic health remedies. This higher score was statistically significant (F = 5.14, p = .031). No other significant differences in total knowledge of holistic health methods between groups were noted (See Table 5).

Table 5. Awareness of Holistic Health Approaches and Frequent Collaboration With Other Healthcare Practitioners: ANOVA (*N* = 30).

Practitioner	*N*	*Mean*	*SD*	*F*	*P*
Medical Doctors					
No	15	3.60	2.26	1.87	.182
Yes	15	5.0	3.02		
Nutritionist					
No	22	3.64	2.36	5.14	
.031*					
Yes	8	6.13	3.4		
Acupuncturist					
No	27	4.19	2.95	.432	.516
Yes	3	5.33	1.53		
Naturopathic Physician					
No	26	4.23	3.02	.112	.740
Yes	4	4.75	1.26		

Objectives

The overall objective of this AR was to consider strategies for the implementation of effective collaborative relationships between psychotherapists, medical doctors and other practitioners to improve overall healthcare. To achieve this aim, the focus group objectives were

- Explore the perceptions and needs of psychotherapists in order to increase their skills and knowledge to change service delivery.
- Gain feedback on the integrative medicine interventions in order to improve overall healthcare problems for clients in the community settings.

Thematic Analysis

The focus group was recorded and transcribed verbatim. The transcription was read multiple times and recordings were listened to very carefully to ensure accuracy of the transcription (Fielden, Sillence, & Little, 2011; Braun & Clarke, 2006). The information gathered from the focus group discussion was transcribed, coded, and analyzed by hand. Every two or three lines of text were reviewed to identify key words, concepts, images and reflections. Coding required an explicit and iterative process in which the researcher altered and modified the analysis as reflected by the data and as ideas emerge. Codes were meant to capture the qualitative richness of the phenomenon and were selected for clarity and conciseness. Codes were then treated as the foundation for the themes and used by the researcher. During this process the initial thoughts or ideas were noted as an essential stage in data analysis (Fielden et al., 2011). Data recorded during the focus group session were analyzed to find common themes. The focus group session was critical for gaining a more detailed understanding of the knowledge, experiences, and perceptions of psychotherapists regarding collaborative relationships and delivery of an integrative model of care for clients served by urban community-based mental health clinics.

The capacity to generate ideas through transcription is recognized as the coding phase and applied as key concepts in the thematic analysis process (Fielden et al., 2011). The initial open coding resulted in multiple repeated terms or keywords that emerged as themes. Each code or term was supported by a quotation from the transcribed focus group discussion. These codes identify the knowledge, experiences, and perspectives among a group of psychotherapists who described how they provide

outpatient treatment within the three participating mental health clinics. The open codes are presented in (See Table 6). This table presents the frequency of codes or terms that emerged for creating themes as a result of the focus group session. Themes are considered in formulating step for action in the AR process.

Thematic Results

Themes were determined as a repeated concept or words expressed by participants in response to the research questions. Repeated themes that evolved from the focus group session data were identified and categorized the codes in clusters of themes, which are broader concepts. Relevant themes were categorized into six relevant categories using axial coding. These specific themes were grouped into a broader category to capture the essence of this proposed intervention model that focuses on how collaborative relationships between psychotherapists and client medical doctors can address a new method for delivering a new way of providing care for mental and physical health conditions. Table 6 lists the terms used to frame the general categories and themes resulting from the focus group discussion.

Table 6. Keywords, Codes, and Themes Emerging from the Focus Group Discussion ($N = 6$)

Theme	*N*	Codes
1. Client Beliefs and Attitudes	225	Barriers, Believe, Comfort, Culture, Crises, Exposure, Express, Experience, Familiar, Interest, Need, Resist, Self-disclosure, Transference, Try, Trust
2. Psychotherapist Attitudes	48	Personal Thoughts (I Think), Personal Reflection
3. Family	35	Children, Daughter, Family, Guardian, Grandmother, Mother, Mom, Parent, Son
4. Practitioner/Constituent Collaboration	81	Acupuncturist, Client, Consumer, Collaborate, Communicate, Integrate, Medical Doctor, Naturopath, Nutritionist, Practitioner, Psychotherapist, Refer (al), Therapist
5. Cost and Coverage	5	Cost, Coverage, Insurance, Money, Psychotherapist
6. Education	20	Education, Google, Learn, Research, Teach, Train

Table 7: Key Themes Identified for Promoting Change

Themes	Frequency	Percent
Client Beliefs and Attitudes	225	54.9
Practitioner/Constituent Collaboration	78	19.0
Psychotherapists Beliefs and Attitudes	51	12.4
Family	31	7.6
Education	20	4.9
Financial Cost	5	1.2
Total	410	100

The responses and coding of the emerging themes from the focus group activities led to the next steps in the AR process. Following the focus group session, which provided an opportunity for participants to examine and reflect of knowledge, experiences, and perceptions as they answer and discuss the questions from the questionnaire (See Appendix B). The interpretation of data received from psychotherapists was used in order to understand how they address the mental health conditions of clients. Six significant themes emerged (See Table 7).

Theme 1: Client Beliefs and Attitudes (*N* = 225)

During the focus group discussion the respondents provided different views about how client beliefs impact their decision-making involving integrative health approaches. Psychotherapists discussed the importance culture places in referring healthcare practitioners. The majority of the clients were diverse in their beliefs and attitudes regarding approaches to healthcare practice. In addition, generational differences were discussed as significantly impacting how they determined

recommendations for improve health functioning. Finally, family members also had an effect on the client's health beliefs.

> It depends on the race of the client …. A lot of minority clients don't like needles… So it depends on the race of the client (Participant 1).

> Now for me, speaking from experience, I've done acupuncture. I've done yoga. I've done meditation. I got my mother to do acupuncture and she's scared of needles. But after I got—now granted, I got her to do it because I paid for it (Participant 3).

> But after she did it she was like, Fred, sign me up again. But if it were just me trying to sit here and convince her to do it that one ear, out the other. But because I was able to do it myself, and I could talk to her and kind of explain to her what to expect as she goes through it that made things a lot easier (Participant 2).

Theme 2: Psychotherapist Attitudes (*N* = 48)

Although the respondents were very positive regarding the potential to change current practices for to improving health outcomes for their clients, there were differences in opinion about how to make referrals to other health practitioners**.** The majority of psychotherapists believed that if they become more knowledgeable about alternative health methods they would be better able to inform their clients on methods for improving their overall health problems. Group of the participants in the group shared

> From my experience most clinicians will tell their patients what to do. They won't necessarily refer them, partly due to the fact that they don't know who to refer them to. And sometimes they're not sure how their client is going to pay for such services or if insurance covers such services (Participant 4).

> I've been doing evaluations for a little over a year now. And most of the clients I ask regarding alternative therapies decline interest. It's very difficult to get minorities to participate in alternative therapies for alleviating mental health issues (Participant 2).

> Meditation is especially effective because it assists with restructuring thought patterns that have kept that person in a habitual state. It could otherwise take ten, twenty thirty years before a person engages in alternative therapies or consult with medical doctors. The physical part will assist the mental part definitely when treatment is provided (Participant 5).

> You can't separate a person in parts or they'll become divided. It's vital to treat the whole person (Participant 1).

> Identifying the key barriers to promote a healthy lifestyle is important. …"I believe I would need more information and understanding of how to recognize the key barriers (Participants 1).

Theme 3: Family (*N* = 35)

Psychotherapists expressed the importance of family in the mental health treatment or referrals for providing treatment for mental and physical conditions. Group of the participants shared

> You get a set of twins who are eleven, twelve years old. The twins do not share the same characteristic they act differently from each other. One of the twins seems to be engaged in treatment and the other is not interested. I have to remember that I have to constantly work with the mother because she doesn't have a filter on how she expresses herself (Participant 5).

> And I'm saying, well, he's been hearing you for eleven years. So when he's in school and tells the teacher to shut the f--- up …. Or I'll punch you in the mouth …. Or I'll break your leg; he's got that from you. So I had to give it back to the mother. And she started processing that. The family members are able to help each other to live healthier lifestyles."

> Grandmothers that have children are set in their ways, and rely on what's already set up like medications and things they need. But a lot of young boys and the girls I work with have single parents. I find them to be very accepting to alternatives. The majority of them are just looking for a new direction. They feel when it comes to our children being constantly put on Ritalin when they're five, six and seven years old is like an epidemic (Participant 6).

> Then you got a twelve-year-old boy. He's trying to enter into manhood and he's been taking medication and the doctors keep changing the medication." It's important to find out if the intervention is effective.

> It's important to "ask the client about their nutrition and how they're feeling (Participant 4).

Theme 4: Practitioner/Constituent Collaboration (*N* = 81)

Psychotherapists discussed how there is a need for using other health practitioners to improve overall health problems of clients. The conversations revealed the need for implementing an integrative health practice in addressing both mental and physical conditions in order to help clients maintain a healthier lifestyle. Group of the participants shared.

> A team allows diagnosis, treatment plan, and case review to be discussed in order to obtain additional information and gain guidance Participant 5).

> I have a client who suffers with bipolar disorder. I tell him that the director is a proponent of nutrition. And every time I meet with him I go over that nutrition (Participant 6).

> A client actually had an experience where he wanted to eat but wasn't following the medicine with tea, and wound up in the hospital. He had a really bad episode and wound up in the hospital. I'm not a clinician, but I do know from my own experience the value of a holistic approach, keeping in mind what you said in the beginning about a mental and physical, spiritual balance, a nutritional balance (Participant 3).

> It's very good for being an individual. So in treatment when you do a treatment plan I think it will be all right to incorporate some of that as you do an assessment of the situation, type of event, crisis mode sometimes when you're working with a client for a period of time (Participant 2).

> Yoga and Fitness helps people become able to focus and sustain a mental attitude, their past behavior is negative and they don't want to repeat it. The meditation helps them stay focused on the new model of what they are trying to do. So like it's useful in the process, but it's not the primary therapy (Participant 3).

> I think out of all the clients, only one was really interested in a holistic and homeopathic approach. And the benefit of it is that with her interest she's already enrolled with acupuncture, and yoga and other things that as a clinician, especially during like with some of my clinical

> training in expressive therapy and different types of therapy. I've finally been able to kind of utilize more things that are geared towards more natural therapies and a kind of integrative medicine, whereas with my other clients they would be dead set against it (Participant 1).

Theme 5: Cost and Coverage (*N* = 5)

Although not occurring very frequently, several respondents expressed concern over the cost and coverage for alternative therapies. Yet the respondents expressed a strong desire to have their clients treated holistically, and not as carriers of a sickness. There was a consensus that alternative therapies will not be funded through insurance plans even if a psychotherapist makes the referral. Psychotherapists were able to discuss the importance of healthy eating habits to improve their clients' health.

> Sometimes we're not sure how the client is going to pay for such services or if insurance covers such services (Participant 1).

> There are two types of doctors, MDs and DOs. DOs support a holistic point of view. And MDs believe everything is solved with medication. So unless you prescribe people medication instead of vitamins C, A, B and D, then they're not making any money. So is that in their benefit to do so?" There is a consensus that alternative therapies will not be funded through insurance plans even if a psychotherapist makes the referral (Participant 2).

Theme 6: Education

Psychotherapists discussed the importance of education. It is needed in order for integrative health approaches to be implemented. They are receptive to training to increase awareness of natural or holistic health therapies. Group of participants shared

> Especially during like some of my clinical training in/ Expressive therapy and different types of therapy I feel like with some clients I've finally been able to kind of utilize some therapeutic tools that are geared towards more natural therapies and kind of integrative medicine, whereas with some of my other clients they would be dead set against anything having to do with acupuncture, of meditation, or the benefits of different herbs, teas, vitamins, anything like that. They are kind of distrustful of that process (Participant 5).

> The majority of the psychotherapists agreed that if clients wanted to learn more information about a holistic approach to treat mental and physical health conditions they could “Google” it. …. But you’re assuming that they actually are going to take the time to do so. Usually I have to take part of the session for them to learn (Participant 1).

Summary

Study participants were psychotherapists who shared a wealth of information needed for initiating improvements in how outpatient treatment is provided in this particular clinical setting. Participants agreed on the following set of changes for improving the current model of care

- Ensure findings are used for developing and implementing strategies to improve the role of psychotherapists in the delivery of integrative care.
- Recommend that psychotherapists utilize collaborative relationships with medical doctors and other clinicians in order to improve healthcare provided to their clients.
- Explore the potential of using integrative health practice and comprehensive treatment plans to improve overall healthcare of clients.
- Introduce resources and toolkits (videos and written material) created by the American Holistic Health Association (AHHA) to educate both psychotherapists and clients on self-help care for obtaining and maintaining health and wellness.

The research data as stated above supported previous studies in the literature (Panzer, 2011), that collaboration is not generally utilized between mental health and

physical health practitioners (Ruddy et al., 2008). Health problems experienced by clients are not appropriately being addressed by health professionals nor is there adequate research conducted that considers both mental and physical healthcare as interrelated (Jauhari & Rishi, 2012). This project was therefore unique because very few scholarly papers address the importance of collaboration between health professionals for providing a more integrative model of care (Panzer 2011).

This AR project incorporated the contributions of 30 participant psychotherapists employed at community-based mental health clinics located in Massachusetts. Their knowledge, perceptions, and experiences of collaborative relationships with medical doctors and other practitioners were examined in order to initiate an improved model of integrated care provided to clients served at community-based mental health clinics.

This chapter summarizes the findings of this action research (AR) project. Practice and research suggest that it is not possible to provide optimal mental health treatment without an understanding and appreciation of the other health issues being experienced by clients. The study explored the knowledge, experience, and perceptions of thirty (30) psychotherapists regarding the potential for collaboration and providing an effective integrative approach to treatment for mental health clients. Meaning of past experiences, knowledge, and perceptions of participant psychotherapists were examined through data derived from an original close-ended survey (PHHAA) and a subsequent focus group session. Information gathered from psychotherapists can be useful in determining how to improve the delivery of healthcare for individuals who present with mental health conditions.

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of this chapter is to summarize the results and to provide conclusions, discussion and recommendations based on those results. The information gained from this research project can be used to initiate a new model for improving care.

Research Questions

The following research questions and secondary questions were addressed in this study.

Primary Research Question

- How can psychotherapists develop collaborative relationships with the clients' medical doctor to provide effective treatment?

Subquestions

- How can community mental health clinics change their interventions in order to improve overall healthcare for the clients?
- What new interventions utilizing holistic and alternative health methods can be used by psychotherapists and medical doctors to develop an integrated and comprehensive mental health treatment plan?

Survey data and thematic patterns led to an understanding of the specific needs of participant psychotherapists for providing optimal care for their clients. Findings

also were used to clarify existing barriers for providing outpatient treatment to improve overall healthcare of clients.

Summary of the Results

Triangulation or a mixed method approach was used to answer the research questions. A closed-ended survey and focus group instrument were developed together data from a sample of 30 psychotherapists currently employed at one of the three mental health clinics located in three urban communities in the Commonwealth of Massachusetts. Data were used to guide improvements in healthcare delivery to individuals experiencing a range of mental and physical health conditions.

The knowledge survey consists of 18 close-ended (dichotomous) questions (See Appendix A). A focus group consisted of 13 open-ended questions to generate a discussion based on the results of the close-ended survey questions (See Appendix B). A group of doctorate level behavioral health practitioners reviewed the instruments for suitability before they were used for the study. The survey (PHHAA) (See Appendix A) was used to understand psychotherapists' knowledge, experiences, and perceptions about holistic approaches when treating their clients. The close-ended questions were analyzed using a number or methods including descriptive and correlation analysis. The focus group discussion was recorded and coded for thematic patterns to answer the primary and subquestions of AR project; both sources of data were used to guide an action plan for organizational change.

Data were triangulated through the use of a close-ended survey, focus group session results, and field notes based on observed events during the interactions with participants. Patton (2005) proposed that triangulation of observation and data are

influenced by the life experiences of participants and are necessary to consider if data being examined are to be fully understood. He reported that the use of combined methods can generate useful information for determining how to improve the practice (Patton, 2005).

The recordings from the focus group were transcribed and reviewed several times to reveal patterns and themes relevant to the research questions. Analysis of the responses from the PHHAA was the first data collection effort. It revealed that the majority of participant psychotherapists had a very limited experience with working collaboratively with medical doctors and other clinicians. The data also found that respondents do not have a developed awareness of using nutrition or alternative therapies for providing healthcare to their clients.

The focus group discussion helped to identify the clinical skills, experience, and knowledge of collaboration with medical doctors and other clinicians. During the focus group session psychotherapists provided information on how to engage clients in outpatient treatment at community mental health clinics. Although a significant number of psychotherapists said that they are the bridge for their clients in reducing overall health problems they lack the ability to work collaboratively across agencies to assist in obtaining information about different holistic approaches to improve overall healthcare. Outcomes of the focus group provided an opportunity to honestly and openly discuss ways in which gaps in information can be addressed so that they can become better able to make referrals to medical doctors, nutritionists, and other health professionals. According to the survey results about half (50%) of the respondents are in regular contact with medical doctors. By comparison, only a minority of

psychotherapists consults with nutritionists (26.7%), naturopathic physicians (13.3%), or acupuncturists (10%) for the care of their clients. Consideration of physical conditions as a contributing factor to mental health was low as evidenced by less than one in five ever having considered testing for food allergies and thyroid condition. According to Tartakovsky (2012), it has been showed how mental health issues can aggravate thyroid problems and other health conditions. These authors point out how the links of mental health problems to the complications of health conditions are hard to prove and treat because of limited information on mental health disorders (Tartakovsky. 2012).

The entire data set was examined to systematically explore patterns in expressed opinions about collaborative relationships with medical doctors other clinicians, or holistic approaches to health. Participant responses were audio taped, transcribed, and analyzed. The themes were divided into units of meaning, patterns and connections. The data were organized based on topics and designated to a particular theme. According to Alhojailan (2012) thematic analysis provides an opportunity to code and categorize data into themes, allowing the researcher to determine the relationships between concepts (Braun et al., 2006).

Discussion of the Results

The primary question sought to explore “How can psychotherapists develop collaborative relationships with client medical doctors in order to provide effective treatment for clients”. The question was answered through both the use of closed-ended questions and the focus group session. Open-ended discussion data were important in the discovery of how to increase awareness of psychotherapists on

collaborating with medical doctors of clients. Participants described how they could use a clinical team approach in working with medical doctors and other health practitioners as a means to improve overall health problems of clients. Participants also described their experiences working with medical doctors, nutritionists, naturopaths, and acupuncturists in caring for their clients, and they were receptive to the development of an integrative practice that could improve the overall healthcare of their clients.

Person-centered therapy and alternative health methods were discussed as a means to address both physical and mental health conditions in order to provide efficacy of treatment. The group was able to see the connection between mental health and physical health issues. Participants discussed how strategies can be developed to improve communication with practitioners of alternative therapies. Participants recognized how training is prominent part of community-based mental health services. If psychotherapists receive training integrative healthcare can be improved for developing comprehensive mental health treatment plans and the clients being served will reap benefits of outpatient level of care. Participants provided responses that suggested an understanding or appreciation for implementing effective collaborative relationships with a clients' medical doctor could also impact how psychotherapists interact with other health practitioners. Participants provided detail information on how their clients can benefits from these changes if they are implemented.

The focus group discussion revealed a number of recommendations for enhancing effective communication with health practitioners and providing an integrated approach to care.

Key Issues to Consider in Discussion/Recommendations

1. Most respondents had a low level of knowledge regarding natural/holistic health approaches to care.
2. Those with a higher-level of knowledge of holistic and natural health remedies were more inclined to collaborate with other practitioners.
3. Psychotherapists must become more knowledgeable of holistic and natural health approaches before engaging clients.

Based on the conversation of psychotherapists more information is needed to improve quality of care of their clients. Psychotherapists will develop a knowledge base of integrative approaches to improve health. Psychotherapists can become successful in understanding what is needed for their clients to improve the organization. The information that was obtained during the focus groups uses past tense to learn multiple perspectives from participants on how to improve overall health problems of clients. Collaborative relationships between psychotherapists and client medical doctors can be used to coordinate ideas in healthcare with other health practitioners. The discovery of the best practice model would provide opportunities and identify elements of the community mental health clinics positive outcomes.

Psychotherapy Training

In-service training could help implement a comprehensive and integrative method leading to improved job performance in providing effective care. Participants discussed how medical doctors are utilized when they make decisions about outpatient treatment. Comprehensive mental health treatment plans can be comprised of interventions to reduce overall health problems. Psychotherapists will be able to use a

theoretical framework of person-centered therapies and holistic approaches with the goal of involving the client to support them by following their own individual paths. Comprehensive mental health treatment plans can also be based on the principles for improving overall healthcare of clients. Both mental and physical health conditions can be addressed in an integrative system of healthcare. Integrative approaches to healthcare include alternative therapies which are based on the need of clients. Integrative practice enables comprehensive mental health treatment plans to examine the clients' health issues.

The engagement of client and other family members have the potential to learn about holistic health approaches to maintain healthier lifestyles. Clients and their families will be offered a variety of services that include physical and mental health education and personal choice in effective treatment. Understanding the cultural needs of the client is important. Culturally appropriate healthcare should be provided when developing a comprehensive mental health treatment plan to solving overall health problems for clients. Psychotherapists can form a trusting relationship with their clients by ensuring that cultural interests regarding healthcare is provided. Understanding cultural factors in order to determine an appropriate intervention is can improve overall health problems.

Psychotherapists need to consider the cultural barriers about the different ethnic groups. Not taking these factors into account could interfere with both mental and physical health issues which may develop. Using an integrative approach with collaborative relationships between psychotherapists and client medical doctors by linking cultural factors with alternative therapies to create a comprehensive mental

health treatment plans can improve quality of healthcare. While exercise and proper foods were recognized as essential for client health, the issue of limited income levels was stressed as a barrier to acquiring healthier foods, vitamins, and other supplements and forms of healthcare services not covered by insurance. Psychotherapists can help clients to take into consideration the financial issues and to minimize food costs and meal preparation time. Environmental factors that negatively influence the physical activity and eating behaviors of clients should also be taken into account. Psychotherapists can help to teach their client about spending money differently. The preparation of a food menu can be useful because clients can learn about different food groups. Psychotherapists can incorporate a list of foods to address nutritional problems which can help to reduce the cause of widespread diseases in the urban communities.

Respondent beliefs are consistent with the literature which argues that the collaborative treatment for individuals who present with both mental disorders and physical conditions is more efficacious (National Institute of Mental Health, 2013) and that collaborating with client medical doctors can improve the healthcare of their mental health clients. Collaborative relationships between psychotherapists and client medical doctors promote a better way for understanding the whole health of clients by engaging them in the process of outpatient treatment on health. Encouraging clients to see a medical doctor to determine if there are physical causes for their symptoms, and becoming knowledgeable about how medical issues impacts mental health issues can change how healthcare is currently being addressed at the participant community mental health clinics. Respondents demonstrated an interest in learning more about how holistic health approaches developed through collaborative relationships between

psychotherapists and client medical doctors could become a way to develop an intervention that could improve delivery of care and reduce the overall health problems of clients.

Findings showed a new intervention can improve how health factors are addressed for clients. The delivery of integrative health services combined with comprehensive mental health treatment plans is identified as a clinical approach to change overall healthcare of clients. Engagement of clients in outpatient treatment can solve overall healthcare problems. Psychotherapists agreed that the best practice for clients is determined by how well the client understands what is needed as it pertains to both mental and physical conditions. Alleviating health risks for clients is essential when addressing mental health problems.

Lack of Knowledge and Training

Current practices are failing because participant psychotherapists do not provide the in-depth and range of intervention needed to address the overall health problems of their clients, which was expressed as a source of concern and frustration. Participants talked about the specific needs of clients but admitted that they lack the knowledge that would enable them to challenge current outpatient treatment practices. It is likely change will require the enhancement of training and skills. A majority of the group acknowledged their lack of knowledge and training as a factor that interferes with their capacity to improve mental healthcare outcomes for their clients. They discussed the importance of becoming current with healthcare research in order to effectively collaborate with medical doctors and other health practitioners.

Engagement with Medical Doctors and other Health Practitioners

It is apparent that the participants' knowledge regarding collaborative relationships with medical doctors is limited. Although participant psychotherapists reported that they sometimes work with other healthcare practitioners, they are aware that they lack the knowledge to support productive collaboration.

Recommendations

Participant responses identified the importance of added knowledge in order to increase their training and skills. Training seminars can be offered to provide better healthcare coordination of clients. The presentation of didactic material through training seminars and practical clinical training that becomes available within the three participant community mental health clinics could influence the way psychotherapists provide outpatient treatment. Participants will develop professional knowledge and enhancement of clinical skills through collaborating with medical doctors to gain perspectives on what is necessary for better healthcare to clients. They indicated the need to learn useful techniques in order to improve the level of emotional functioning of their clients, and they understood the importance of collaborating with medical doctors to determine what effective strategies to use when engaging in integrative health practice.

Voice of the Client

Theoretical approaches of person-centered therapy and holistic healing processes were identified as a frame in order to change how psychotherapists provide outpatient treatment about what is good health. These clinical approaches are helpful in order to engage the client in treatment. It provides the voice of the client that

determines what is useful to effect change for both mental and physical health conditions. It takes into account the perspective of the client when deciding goals of treatment. It captures the voice of the client in order to determine the appropriate treatment, which is helpful for psychotherapists when they discuss their client needs with medical doctors. Empowering clients to use their voices in determining what is needed in outpatient treatment provides an opportunity to gain client investment in their outpatient treatment.

Participants expressed the importance of bridging or linking appropriate services and resources when making referrals to other healthcare practitioners. Improving health through consulting with health practitioners is useful because it benefits the clients. The importance of building on past experiences for development of a new intervention model has been achieved in this study. Psychotherapists shared past knowledge and experiences that were useful for understanding how to address the healthcare problems of clients to make positive change in practice. The development of an action plan was necessary to decide what steps you need for creating a new intervention. It became an enlightening experience of this researcher to observe the readiness of psychotherapists to improve overall healthcare problems. A change in the organizational culture is possible based on the discovery of new insight for psychotherapists.

Participants were interested in the development of strategies for the implementation of integrative health practice and the development of a comprehensive treatment plan. It is possible that these collaborative relationships between psychotherapists and medical doctors can be useful within three mental health clinics.

It is also possible that seminar trainings can be offered at three community mental health clinics on the development of this new intervention model for the improvement overall healthcare of clients.

Discussion of the Conclusions

This action research project was used to explore the potential for collaborative relationships between psychotherapists and medical doctors in order to address the overall health problems of clients. This section presents a discussion of the findings. A triangulated approach was used to answer the research questions. Perceptions of past experiences were shared in a focus group to help gain sufficient insight to creating a new intervention model. There were six emerging themes which occurred during the focus group discussion: (a) client beliefs and attitudes, (b) psychotherapist attitudes, (c) family, (d) practitioner/constituent collaboration, (e) cost and coverage, and (f) education.

Participants' viewpoints were used in order to guide the development of a new intervention model, which improves the health outcomes of clients. The mental health and physical health problems of clients might be decreased because of new intervention model. It encompasses an integrative health practice and comprehensive mental health treatment. However, this viewpoint is not unique to community mental health clinics. The evidence of this study supports the literature as well. The three community mental health clinics that are located in the urban areas of the Commonwealth of Massachusetts have not used collaborative relationships between psychotherapists and medical doctors in order to improve overall healthcare. Stakeholders have failed to address overall health problems of clients. Psychotherapists

have increased awareness on how to engage with other healthcare practitioners based on the data that was obtained from the focus group session. The literature indicates that there is a growing concern about the lack of collaboration with health practitioners however if trainings are provided then the clients can better be served in outpatient mental health clinics (National Institute for Health, 2008). The health problems of individuals who are living in the urban areas have been concerns of stakeholders, and governmental organizations for a long period of time.

According to Geronimus (2000), residents of impoverished urban neighborhoods suffer with extraordinary rates of premature mortality in which deaths from chronic diseases contribute profoundly. He asserts that the "the urban health disadvantages and attempts to reverse them will be incomplete if the structural factors that produced modern minority ghettos in central cities are not taken into account" and addressed as an integral whole (p. 2). The advantage of using collaborative relationships between psychotherapists and medical doctors in order to improve overall health problems of clients who live in predominantly urban neighborhoods is highly recommended. The findings of this study have shown what intervention model is needed. The above authors indicate that about 80% and 90% of the population in some of the largest urban areas such as Detroit and Chicago do not have access to adequate healthcare services (Geronimus, 2000). They report that because of the severe disconnect for healthcare considerations these residents in the urban "cities reaped dire health consequences" (p. 2). The findings of this action research project have shown that a comprehensive and integrated healthcare model is needed.

The emotional states of clients are of great concern to stakeholders at the participant community mental clinics. According to O.Reid (personal communication, September 07, 2014), the three mental health clinics that are located in the urban areas of the Commonwealth of Massachusetts are not providing appropriate services and resources. There are a significant number of clients who suffer with both mental health disorders and physical conditions (O.Reid, personal communication, November 1, 2014). It is his belief that an intervention model that includes collaborative relationships between psychotherapists, medical doctors, and other healthcare practitioners can improve the overall health problems of the clients, all of whom live in urban areas of Massachusetts. There is a strong association between health and poverty for clients who reside in urban neighborhoods. Geronomus (2000) suggested that health professionals conduct research in order to solve the health problems of individuals who reside in urban neighborhoods.

DE Hert et al. (2011) asserted that there are barriers to providing quality care for patients with both severe mental disorders and physical disabilities. These authors believe that integrative health practice should be undertaken by psychotherapists in order to improve the problem of medical and mental healthcare for clients. These authors also suggested that psychiatrists can help educate and motivate people who suffer with emotional disturbance. This AR project has provided in-depth detail to show that there is a lack of awareness by psychotherapists on how collaborating with medical doctors can improve mental healthcare of clients. This study has provided a conceptual framework to change the practice at the participant community mental health clinics.

Improvement of health outcomes is needed at the community mental health clinics, and the stakeholders of the parent organization are interested in the development of an effective clinical approach to improve mental health outcomes. Psychotherapists demonstrated during the group discussion their willingness to collaborate with medical doctors and other health practitioners in order to improve overall healthcare of clients, and acknowledged that perhaps their lack of awareness of collaborating with medical doctors was a major reason for minimal progress with client overall healthcare outcomes There is not enough of literature on this topic. Data gathered during the focus group session supports this. This study provided psychotherapists with pertinent information about integrative approaches that are needed to develop comprehensive mental health treatment plans which needs to be incorporated in their training to improve their skills. It can prepare them to prevent chronic disease in their clients. This health concern is consistent with the literature. However, because of limited resources and services psychotherapists lack professional training to enhance their skills.

Initially, psychotherapists might have not understood the factors that can contribute to collaborative relationships with medical doctors. This AR project shows how psychotherapists can change how they provide outpatient treatment. It delineates shared goals and objectives to improve overall healthcare of clients. Using alternative health therapies along with person-centered therapies can be useful in treatment. It can increase psychotherapist satisfaction with treatment because of the positive mental health outcomes that can accrue. This is consistent with the literature. If psychotherapists use this model of collaborating with medical doctors they may

become more knowledgeable and learn skills of how medical issues affect mental health.

Establishing a Collaborative Relationship

According to Ruddy et al. (2008), "communication with the patient's other healthcare professionals" is an important part of providing comprehensive care (p. 5). The authors believe that it is essential for psychotherapists to make a plan in order to increase a collaborative relationship with other healthcare professionals. The action plan is considered to be a key factor in creating an intervention model. This AR project is useful because it helps to develop a useful tool to improve practice.

This AR project was based on the assumption that participating psychotherapists are not collaborating with medical doctors. It is also assumed that they may need training in order to collaborate effectively with client medical doctors. The views of participant psychotherapists were altered during the focus group session because of the shared vision that collaborative relationships with medical doctors could address overall health problems of their clients. Barton and Levstik (2013) report that health professionals can work together and it helps to achieve organizational goals. They believe cooperative relationship among healthcare professional can assist in developing a clinical approach that is client-centered. It seems as if there are multiple factors to be taken into consideration before a collaborative relationship between psychotherapists and medical doctors can be established.

Limitations

One limitation of this AR project is that the perspectives of medical doctors and other clinicians were not incorporated. Gathering information from medical doctors

+and other practitioners can be useful in the development of a comprehensive and integrative intervention model. While 30 psychotherapists responded to the survey, it would have been preferable to have the participation of all 60 clinical staff members at the three participating community mental health clinics. However, it is noted that a sample size of 30 participants is adequate for making inferences (Creswell, 1998). Because the study focused specifically on community-based practices that serve a largely low income and minority urban population, findings may not be generalizable to other types of mental health service environments. The results can be used to provide information useful for improving the current framework used to provide care at the three participant community mental health clinics.

Recommendations for Future Practice

Although the barriers of collaborating between psychotherapists and medical doctors may be perceived as insurmountable it is possible to create an intervention model that will provide effective treatment. Future plans call for the creation of a new intervention model. The improvement of current practice depends on development of a new intervention model to improve overall health problems of clients. Psychotherapists who are employed at community-based clinics in urban Massachusetts need to listen to the voices of their clients. Understanding client needs from the perspective of clients can effect change in the delivery of both physical and mental healthcare. The study suggests that psychotherapists should increase their knowledge base and skills to provide effective treatment. Psychotherapists are lacking the awareness of collaborating with medical doctors and other clinicians for improving the overall health problems is consistent with the literature. Research should be used in order to

explore the development of a novel intervention (Panzer, 2012)

This AR project has compiled a wealth of data useful for creating a new model for healthcare of clients. Panzer (2012) asserts that the development of an intervention is clinically necessary in the healthcare of clients who are vulnerable is an important ingredient to address any chronic diseases. The information that was obtained during the focus group session helped the researcher to learn multiple perspectives from participants on how to improve overall health outcomes for clients. The analysis of focus group findings was used as a way to generate new visions and align strengths. Collaborative relationships between psychotherapists and client medical doctors can be used to coordinate ideas on optimum healthcare with other healthcare practitioners.

Enhancing the clinical skills of psychotherapists will improve mental healthcare outcomes for their clients. In-service training could help implement a comprehensive and integrative method intervention model that could lead to improved job performance in providing effective care. Comprehensive mental health treatment plans can be comprised of interventions to reduce overall health problems. Psychotherapists will be able to use a theoretical framework of person-centered therapies and holistic approaches with the goal of involving the client to support them by following their own individual paths. Comprehensive mental health treatment plans also can be based on the principles for the improving overall healthcare of clients. Both mental and physical health conditions can be addressed in an integrative system of healthcare. Integrative approaches to healthcare include alternative therapies which are based on the need of clients. Integrative practice enables comprehensive mental health treatment plans to examine the clients’ health issues.

Treatment will include the engagement of the client and family members who hold the potential to learn about holistic health approaches to maintain healthier lifestyles. The clients and families will be offered a variety of services that includes physical and mental health treatment, education and above all personal choice in effective treatment. Using integrative practice approaches with collaborative relationships between psychotherapists and client medical doctors by linking cultural factors with alternative therapies can create comprehensive mental health treatment plans and improve quality of healthcare.

Psychotherapists shared their past experiences and perceptions of performance feedback during the focus group discussion in order to develop an effective intervention model. Information gathered from the focus group discussion was used to develop a new intervention model that could change how clients function. Nassar-McMillan and Borders (2002) proclaimed that the advantage of a focus group is that greater amounts of data can be gathered in a shorter and more efficient time span. During the focus group activities the interaction of participants were observed. Based on the interaction it appeared that they were able to gain insight on the topic that was studied.

The focus group provided an exploratory approach to understanding collaborative relationships between psychotherapists with medical doctors. It was needed for development of an intervention model in order to change how psychotherapists provide outpatient treatment. During the focus group discussion it was noticeable that the psychotherapists developed new insight on collaborating with medical doctors in order to improve healthcare of clients. The surveys were helpful in

understanding how alternative health methods along with integrative health practices can be used to increase awareness of holistic healing approaches and comprehensive mental treatment plans.

Consistent with past-published research this investigation concluded that psychotherapists do not have the training to promote collaboration with other clinicians, nor do they have the training to provide integrative forms of care to their clients. Findings of surveys confirmed that psychotherapists in this sample lack awareness in alternative health methods as contended by the literature. Nassar-McMillan et al. reported (2002) how the effectiveness of both focus groups and survey methods can have impact on field research especially if there is a viable tool being developed.

Barriers to effective mental health treatment at participant community mental health clinics were identified in this AR project. The idea that effective treatment should be linked with a successful comprehensive mental health treatment approach that provides effective outpatient treatment, and that collaborative relationships with medical doctors could to be used improve mental and overall health problems of clients was briefly explored. Participants acknowledged that the focus group discussion afforded the opportunity to discuss and think more deeply about the root causes and potential for treating the health problems of their clients. A method is needed in order to help psychotherapists to make contact with medical doctors about their clients' healthcare. Using integrative health approaches for reducing overall healthcare problems of clients is recognized as an effective way to solve the health problems of clients.

The results of this study clearly suggest that collaborative care and knowledge regarding holistic approaches in providing mental health services is quite limited among psychotherapists. Outcomes provide a strong argument for conducting larger and more expansive studies which include participation of medical doctors, nutritionists and other relevant clinicians to examine collaboration and opportunities for developing integrative health services by community-based mental healthcare facilities.

Recommendations for Future Research or Intervention

Several recommendations are strongly recommended based on the results of this study. One recommendation is to investigate if any social work or counseling graduate schools have courses which involve the integration of mental health with physical health in mental health treatment. Another recommendation is to investigate the impact of yeast as well as both thyroid and vitamin B deficiencies on its effects on mental health conditions. The most critical research needed this study has questioned, is the impact of diet and nutritional deficiencies as it relates to mental health. While this AR study represents a good beginning, it is hope that it is only a springboard for further dialog and research about collaborative relationships between psychotherapists and medical doctors

Conclusion

This action research project explored the potential of collaborative relationships between psychotherapists and medical doctors to improve overall healthcare outcomes for clients at three community mental health clinics located in Massachusetts. Person-centered therapy and holistic approaches were introduced as theoretical frameworks

which may facilitate collaborative relationships between psychotherapists and medical doctors. These theories propose that the whole person and role of social surroundings are critical to understanding when planning comprehensive mental health treatment and integrative health approaches to prove optimal treatment. The theories do not focus on separate components of the whole person because it is recognized that it is more helpful for healthcare practitioners to provide treatment from a holistic perspective. Research has shown that a lack of collaborative relationships between health practitioners needs to be addressed. Collaborative relationships between psychotherapists and medical doctors continue to rise in policy priorities.

A focus that is client-centered should be used to understand what is needed to affect positive change. According to participants in the focus group, session person-centered therapy is used in a number of community-based mental health settings. The majority of the participants reported that a theoretical framework of person-centered therapy is recognized as effective with clients who present with both mental and physical health problems. Research tells us that to affect change in levels of emotional functioning it is helpful to hear the voice of the client. This theoretical approach may be useful to build bridges and eradicate barriers that interfere with comprehensive mental health treatment and integrative healthcare. Person-centered therapy combined with alternative health forms can focus on the strengths and needs of clients in order to provide effective treatment. Research has showed how alternative medicine has achieved growing acceptance in providing healthcare.

The focus group discussion produced six themes: (a) client beliefs and attitude change, (b) psychotherapist attitudes, (c) family, (d) practitioner/constituent

collaboration, (e) cost and coverage, and (f) education that revealed participants viewpoint of the collaborative relationship with medical doctors. The use of comprehensive mental health treatment plans and integrative approaches are highly suggested by this researcher to change how services are being provided in the clinics. A leading recommendation is to invite stakeholders to a follow-up focus group. This will be done in order to provide findings from data from psychotherapists and further develop further interventions. Findings will be shared with stakeholders in the form of written reports and a power point presentation. The goal is to promote understanding among stakeholders of how their existing knowledge was used to improve healthcare of clients. The presentation will include a discussion of how action plans can be used to create a new intervention model. The research findings will be shared with the stakeholders of the clinics.

Participants were more likely to discuss different ways they communicate with health professionals with the exception of medical doctors. The low numbers of participants who know about alternative health methods is an indication that there is also confusion as to how they might collaborate with medical doctors and other clinicians about client healthcare. This suggests that they do not fully understand the concept of collaborative relationships with medical doctor to improve health outcomes. Their definition of effective treatment is centered on clinical skills to improve the clients' level of emotional functioning. Although a few were able to discuss the importance of theoretical approaches they did not use them in the treatment of their clients.

Psychotherapists linked their knowledge and experiences to the clinics' positive

change agenda for the clients being served. Participants outlined both the negative results of negative questioning and positive questioning to fully understand the overall health problems of their clients. The questions that were answered in the focus group session provided information as to understanding how collaborative relationships between psychotherapists and client medical It can be used to deliver integrated healthcare approaches and to improve overall healthcare of clients. A comprehensive and integrated care practice can be implemented to improve how these community mental health clinics provide treatment and support to clients. An AR method was used for asking question to promote organizational improvement that effect positive change starting from the major stakeholders' experiences. Asking the appropriate questions provided an opportunity to help with overall job satisfaction and better career opportunities. Data gathered from this study will be applied towards the design and development of an action plan for creating a new intervention model of care.

REFERENCES

Alhojailan, M. I. (2012). Thematic analysis: A critical review of its process and evaluation. Retrieved from http://www.westeastinstitute.com/wp-content/uploads/2012/10/ZG12-191-Mohammed-Ibrahim-Alhojailan-Full-Paper.pdf

Barker, R. L. (2003). *The social work dictionary* (6th ed.). Washington, DC: National Association of Social Work Press.

Barton, K. C., & Levstik, L. S. (2013). *Teaching history for the common good.* La, Mahwah, NJ: Lawrence Erlbaum Associates.

Berman, J. J. (2010). *Methods in medical informatics: Fundamentals of healthcare.* Boca Raton, Fl: CRC Press.

Boyd, C.M., & Fortin, M., (2010). Future of multimorbidity research: how should understanding of multimorbidity inform health system design? *Public Health Reviews*, 32, 451-474.Retrieved from http://www. publichealthreviews.eu.pdf

Bradbury, B. (2007). *Working families: Age, gender, and daily survival in industrializing*. Montreal, University of Toronto Press. Retrieved from http://www.integrityifa.com/working-families-age-gender-daily-survival-in-industrializing.html

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. doi: org/10.1191/1478088706qp063.pdf

Calicott, J. (2003). Culturally sensitive collaboration within person-centered therapy planning, Department of Educational Psychology. *Sage Journals*, 18(1), 60-68.

Capella University. (2009). *Dissertation format and guidelines* Retrieved from Canella University, Department of Writing Web site:http://www.capellla.edu/dissertation-format-and-guidelines/writing/handouts/.6thed/html

Coady, N., & Lehman, P. (Eds.). (2007). *Theoretical perspectives for direct social work practice: A generalist-eclectic approach*. New York, New York: Springer Publishing Company.

Collingwood, J. (2012). The relationship between mental and physical health. *Psych Central*. Retrieved from http://www.psychcentral.com/the-relationship-between-mental-and-physical-health/ 0002949.html

Cooper, S. & Endacott, R. (2007). Generic qualitative research: a design for qualitative research in emergency care? *Emergency Medical Journal,* 24(12), 816-819.

Cornelius-White, J. H., Hoey, A., Cornelius-White, C., Motschnig-Pitrik, R., & Figl, K. (2013). Person-centered education: A meta-analysis of care in progress. *Journal of Border Educational Research*, *3*(1), 81-87.

Creswell, J. W. (1998). *The selection of research design.* Thousand Oaks, CA: Sage Publication.

Creswell, J. W. (2009) *Research design: A qualitative, quantitative, and mixed method approaches* (3rd ed.). Thousand Oaks, CA: Sage Publication.

Curl, A. & Cary, S., (2014). A program evaluation of block and concurrent practicum Formats, Field Educators, Simmons College School of Social Work, 4(2). Retrieved from http://www2.simmons.edu/ssw/fe/i/Curl_Block_Placements.pdf

D'amour, D., Beaulieu, M. D., San Martin Rodriguez, L., &Ferrada-Videla, M. (2004). Key elements of collaborative practice & frameworks: Conceptual basis for interdisciplinary practice. *Interdisciplinary education for collaborative, patient-centered practice: research and findings report.* Ottawa: Health Canada.html

Dean, E., Bloom, A., Cirillo, M., Hong, Q., Jawl, B., Jukes, J. & Bruno, S. S. (2012). Association between habitual sleep duration and blood pressure and clinical implications: a systematic review. *Blood pressure*, *21*(1), 45-57.

DE Hert M., Correll C. U., Bobes J., Cetkovich-Bakmas M., Cohen D., Asai I., Detraux J., Gautam S., Möller, H. J., & Ndetei., D. M. (2011). Physical illness in patients with severe mental disorders. II. Barriers to care, monitoring and treatment guidelines, plus recommendations at the system and individual level. *World Psychiatry*, 10(2), 138–151.

Devault, G. (2014). Surveys research-close-ended or open-ended questions. Retrieved from http://www.ACCOUNTING /6008/ Capella.edu.pdf

Druss, B. G., & Bornemann, D. H. (2010).Theme Mental Health. *Journal of American Medical Association*, 303(19), 1980-1981.

Dryden, W., & Spurling, L. (Eds.). (2014). *On becoming a psychotherapist*. Routledge, Taylor, and Francis Group. Retrieved from http:// www.routledgementalhealth.com/books/series/RMHCE/html

Evans, W. D., Finkelstein, E. A., & Kamerow, D. B. (2004). Pros and cons of proposed interventions to promote healthy eating. *American Journal of Preventive Medicine*, (27)3, 163-171.

Farnam, C. R., Zipple A. M., Tyrrell, W., & Chittinanda, P. (1999). Health status & risk factors of people with severe and persistent mental illness. *Journal of Psychiatric Nursing*, 27(6), 16-21.

Fielden, A. L., Sillence, E., & Little, L. (2011). Children's understanding of obesity, a thematic analysis. *International Journal of Qualitative Studies on Health and Well Being*, 6(3). doi: 10.3402/qhw.v6i3.7170.pdf

Frass, M., Strassl, R. P., Friehs, H., Müllner, M., Kundi, M., Kaye, A. D. (2012). Use and acceptance of complementary and alternative medicine among the general population and medical personnel: a systemic review. *Ochsner*, 12(1): 45–56.

Geneau, R., Stuckler, D., Stachenko, S., McKee, M., Ebrahim, S., Basu, S., & Beaglehole, R. (2010). Raising the priority of preventing chronic diseases: a political process. *The Lancet*, *376*(9753), 1689-1698.

Geronimus, A. T. (2000). To mitigate, resist, or undo: Addressing structural influences on the health of urban populations. *Journal of Public Health*, 90(6), 867-872.

Glanz, K., Rimer, B. K., &Viswanath, K. (Eds.). (2008). *Health behavior and health education: theory, research, and practice*. Malden, MA: John Wiley & Son.

Godin, G., Bélanger-Gravel, A., Eccles, M., & Grimshaw, J. (2008). Healthcare professionals’ intentions and behaviours: a systematic review of studies based on social cognitive theories. *Implement Science*, *3*(36), 1-12.

Green, J., &Thorogood, N. (2013). *Qualitative methods for health research*. San Francisco, CA: Sage Publication.

Healthy People 2020 (2008). Guidelines for implementation of healthy people 2020: Retrieved from http://healthypeople.gov/sites/default/files/phase/-o.pdf

Herr, K., & Anderson, G.L. (2005). *The action research dissertation: A guide for students and faculty*. Thousand Oaks, CA: Sage Publication.

Hornik, R. C. (2002). *Public health communication evidence for behavior change.* Mahwah, NJ: Lawrence Erlbaum Associates.

Jauhari, V., & Rishi, M. (2012). *Challenges faced by the hospitality industry in Inida: An introduction. Worldwide Hospitality and Tourism Themes*, 4, (2), 110-117. doi: http: //dx. doi.org/10.1108/17554211211217299.pdf

Jorm, A. F. (2000). Mental health literacy: empowering the community to take action for better mental health. *American Psychology*, 67(3), 231-243.

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, *19*(11), 1632-1641.

Katon, W. J., & Unützer, J. (2013). Health reform and the Affordable Care Act: the importance of mental health treatment to achieving the triple aim. *Journal of psychosomatic research*, *74*(6).

Kazdin, A. E. (2008). Evidence-based treatment and practice: new opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, *63*(3), 146.

Kelley, K., Clark, B., Brown, V., & Sitzia, J. (2003). Good practice in the conduct and reporting of survey research. *International Journal for Quality in healthcare*, *15*(3), 261-266.

.

Kralik, D., Koch, T., Price, M. K., Howard, N. (2004).Chronic illness self-management: taking action to create order. *Journal of Clinical Nursing*, *13*(2), 259-267.

Lewin, S., Oxman, A. D., Lavis, J. N., Fretheim, A., Marti, S. G., & Munabi-Babigumira, S. (2009). Support tools for evidence-informed policymaking in health STP. 11: Finding and using research evidence about local conditions. *Health Research Policy and Systems, 7*(l), S11.doi:10.1186/1478-4505-7-S1-S13.pdf

Lin, E. H., Heckbert, S. R., Rutter, C. M., Katon, W. J., Ciechanowski, P., Ludman, E. J., & Von Korff, M. (2009). Depression and increased mortality in diabetes: unexpected causes of death. *The Annals of Family Medicine, 7*(5), 414-421.

Marks, R., Allegranite, J.P., & Lorig, K. (2005) A review and synthesis of research evidence for self-efficacy-enhancing interventions for reducing chronic disability: implications for health education practice (part I). *Health Promotion Practice*, *6*(1), 37-43.

McLeod, S. A. (2008). Person centered therapy. Retrieved from http://www.simplypsychology.org/client-centred-therapy.pdf

Mechanic, D. (2006). *The truth about health care: Why reform is not working in America*. New Brunswick, NJ: Rutgers University Press.

Mirowsky, J., & Ross, C. E. (2008). Education and self-rated health cumulative advantage and its rising importance. *Research on Aging*, *30*(1), 93-122.

Moreno, L. A., Gonzalez-Gross, M., Kersting, M., Molnar, D., De Henauw, S., Beghin, L., & Marcos, A. (2008). Assessing, understanding and modifying

nutritional status, eating habits and physical activity in European adolescents: The HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) study. *Public Health Nutrition*, 11(03), 288-299.

Nassar-McMillan, S. C., & Borders, L. D. (2002). Use of focus groups in survey item development. *The Qualitative Report*, *7*(1), 1. Retrieved from http://www.nova.edu/ssss/QR/QR7-1/nassar.pdf

Nastasi, B. K., Moore, R. B., & Varjas, K. M. (2004). Qualitative Research: Sampling & Sample Size. Washington, DC: American Psychological Association. Retrieved from http*:/www./*my.laureate.net./qualit_resesearch_sampling_&_sample_size/pdf

National Association of Health Quality (NAHQ) (2011). Code of ethics and standards of practice. Retrieved from http://www.nahq.org/uploads/files/about/ codestandards.html

National Institute of Mental Health Strategic Plan (NIMH). (2008). Retrieved from http://www. nimh.nih.gov/nimh-strategic-plan-2008/ nimh_strategic_plan_2008_33976.html

National Institute of Mental Health (NIMH). (2013). Outreach partnership program http://www.nimh.nih.gov/outreach/partnership-program/meetings/nimh-outreach-partnership-program-2013-annual-meeting-overview.pdf

Nestle, M. (2006). Food marketing and childhood obesity—A matter of policy. *New England Journal of Medicine*, *354*(24), 2527-252.

Nemeroff, C. B., & Goldschmidt-Clermont, P. J. (2012). Heartache and heartbreak—The link between depression and cardiovascular disease. *Nature Reviews Cardiology*, *9*(9), 526-539.

Nichol, J., Thompson, E. A., & Shaw, A. (2011). Beliefs, decision-making, and dialogue about complementary and alternative medicine (CAM) within families using CAM: A qualitative study. *The Journal of Alternative and Complementary Medicine*, *17*(2), 117-125.

O' Connor, Z. (2011). Colour psychology and colour therapy: Caveat emptor. *Color Research & Application*, *36*(3), 229-234.

Padgett, D. K. (2008). Qualitative methods in social work research (2nd ed.), Sage Publication.

Panzer, B. (2012). Childhood Obesity: The role of the mental health professional. Retrieved from https://www.netcegroups.com/787/Course_7225.pdf

Patton, M.Q. (2005). Qualitative research.Malden, MA: John Wiley & Sons Publishing Company.

Peckham, E. J. (2012). *Is homeopathic treatment more effective than giving time and attention to NHS patients with chronic complaints*. England: University of Leeds.

Polit, D. F., & Lake, E. (2010). Statistics and data analysis for nursing research. Retrieved from http://www pearsonhighered.com/educator/product/Statistics-and-Data-Analysis-for-Nursing-Research/9780135085073.pdf

Porter K.S, Curtin L.R, Carroll M.D, et al. (2011). Health of adults in Los Angeles County: Findings from the National Health and Nutrition Examination Survey,

1999–2004. National health statistics reports; no 42. Hyattsville, MD: National Center for Health Statistics. 2011.

Portner, H. O. (2007). How physicians can change the future of health care. *The Journal of the American Medical Association*, 297(10), 1103-1111.

Prgomet, M., Georgiou, A., & Westbrook, J. I. (2009). The impact of mobile handheld technology on hospital physicians' work practices and patient care: A systematic review. *Journal of the American Medical Informatics Association, 16*(6), 792-801.

Ramsey, D., & Muskin, P. R. (2013). Vitamin deficiencies and mental health: How are they linked? *Current Psychiatry*, *12*(1), 37. Retrieved from http://www.currentpsychiatry.com./vitamin-deficiencies-and-mental-health-how_are_they_linked?pdf

Rodriguez, M. C., & Haladyna, T. M. (2013). *APA handbook of testing and assessment in Psychology*, 1. Washington, DC: American Psychological Association. Retrieved from http://psycnet.apa.org/books/14047/pdf

Ruddy, N.B., Borresen, D. A., & Gunn, W. B. (2008). *The collaborative psychotherapist: Crating reciprocal relationships with medical doctors.* Washington, DC: American Psychological Association.

Sarris, J., Kean, J., Schweitzer, I., & Lake, J. (2011). Complementary medicines (herbal and nutritional products) in the treatment of attention deficit hyperactivity disorder (ADHD): A systematic review of the evidence. *Complementary Therapies in Medicine*, *19*(4), 216-227.

Sharma, S., Gittelsohn, J., Rosol, R., & Beck, L. (2010) Addressing the public health burden caused by the nutrition transition through the healthy foods north nutrition and lifestyle intervention programme, Journal of Human Nutrition & Dietetics, 23, (1), 120-127.doi:http://dx.doi.org/10.1111/j.1365-277X.2010.01107x.pdf

Soh, N. L., Walter, G., Baur, L., & Collins, C. (2009). Nutrition, mood and behaviour: a review. *ActaNeuropsychiatrica*, *21*(5), 214-227.

Sowers, W. (2005). Transforming systems of care: The American Association of Community Psychiatrists guidelines for recovery oriented services. *Community Mental Health Journal*, *41*(6), 757-774.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* San Francisco, CA: Sage Publication.

Stringer, E.., & Dwyer, R. (2005). *Action research in human services.* Alexandria, VA: Prentice Hall.

Su, X. L., & Li, L. (2011). Trends in the use of Complementary Alternative Medicine in United States in 2002. *Journal of Health Poor Underserved*, 22(1), 296-310. doi: 10.1353/hpu.2011.0002.pdf

Swayne, D., Duncan, W. J, & Ginter, P. M. (2012). Strategic management of health care organizations. (6th ed.). Huboken, NJ: John Wiley & Sons.

Synovitz, L., Bailey, L., Larson, K.L. (2012). *Complementary and alternative medicine for health professionals*. Burlington, MA: Jones & Bartlett Learning.

Tartakovsky**,** M. (2012). Is thyroid condition driving your depression. *Psych Central*. Retrieved from http://www.psych/central/2012*/04/26/is*-thyroid-dysfunction-driving-your-depression*/*html

Taylor, B., Kermode, S., & Roberts, K. (2007). *Research in nursing and health care: Evidence for practice*. (3rd ed.). Victoria, Australia: Thomson.

Thompson, D, C., & Wilkinson, J. J. (2009). Diet and Mental Health in Children. *Child & Mental Health*, 14(3), 148-155.

Tomlinson, B. (2007). *A qualitative case study of teachers' inclusion beliefs, skills, and practices in the context of Pennsylvania's General and Special Education Collaborative*. (Doctoral dissertation, Indiana University of Pennsylvania). Retrieved from http//www.books.google.com/books.pdf

U. S. Department of Health and Human Services. (1996). *Physical Activity and health a report of the Surgeon General:* Darby, PA: Diane Publishing Company.

U. S. Department of Health and Human Services. (2010). Mental health: A report of the surgeon general U.S Public Health. Online via GPO Access: Retrieved from http://www.access.gpo.gov/surgeongeneral.gov/library/reports/2010.

Vazirani, S., Hays, R. D., Shapiro, M. F., & Cowan, M. (2005). Effect of a multidisciplinary intervention on communication and collaboration among physicians and nurses. *American Journal of Critical Care*, *14*(1), 71-77.

Wardle, J., & Oberg, E. B. (2011). The intersecting paradigms of naturopathic medicine and public health: opportunities for naturopathic medicine. *The Journal of Alternative and Complementary Medicine*, *17*(11), 1079-108.

Williams, M. (2007). Building genuine trust through interpersonal emotion management: A threat regulation model of trust and collaboration across boundaries. *Academy of Management Review*, *32*(2), 595-621.

Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, (3). doi: 10.1002/14651858.CD000072.pub2.pdf

APPENDIX A.

PSYCHOTHERAPIST HOLISTIC HEALTH AWARENESS ASSESSMENT (PHHAA)

NAME:	DATE:
POSITION:	EDUCATION LEVEL:

Question	Response
Do you have regular contact with your client's medical doctor?	[ ] [ ] [ ] [ ] [ ]
Do you refer your clients to a nutritionist?	[ ] [ ] [ ] [ ] [ ]
Do you refer your clients to an acupuncturist?	[ ] [ ] [ ] [ ] [ ]
Do you refer your clients to a Naturopathic Doctor?	[ ] [ ] [ ] [ ] [ ]
Do you refer your clients to a yoga class?	[ ] [ ] [ ] [ ] [ ]
Do you refer your clients to a fitness instructor?	[ ] [ ] [ ] [ ] [ ]
Do you recommend your clients to get a food allergy test?	[ ] [ ] [ ] [ ] [ ]
Do you recommend your depressed clients get their thyroid checked?	[ ] [ ] [ ] [ ] [ ]
Do you know what Vitamins are good for treating depression and stress? If So please list:	[ ] [ ] [ ] [ ] [ ]
Do you know the mental health benefits of each berry listed? If so please indicate: Blackberries- Strawberries- Raspberries- Blue berries- Goose berries-	[ ] [ ] [ ] [ ] [ ]

Do you know what foods are good for preventing heart disease? If so please list:	[ ] [ ] [ ] [ ] [ ]
Do you know which vitamins and their effectiveness are impeded by smoking tobacco and consuming alcohol? If so please list:	[ ] [ ] [ ] [ ] [ ]
Do you know which tea is good for killing parasites and their eggs? If so please list:	[ ] [ ] [ ] [ ] [ ]
Do you know what tea is good for treating depression? Please list:	[ ] [ ] [ ] [ ] [ ]
Do you know what foods are good for treating depression, high blood pressure Please list:	[ ] [ ] [ ] [ ] [ ]
Do you know the benefits of taking trace or colloidal minerals? If so please list:	[ ] [ ] [ ] [ ] [ ]
List: the 3 best greens to consume	

APPENDIX B.

QUESTIONNAIRE FOR PSYCHOTHERAPISTS

Study Title: **An Action Research Study of Collaborative relationships between Psychotherapists and Medical Doctors**

Researcher: **Margaret A. Jackson**
Directions: **These questions were used to guide focus group discussion.**

1. Do you work with a clinical team? If so, tell me about your experiences working with a clinical team.
2. What nutritional interventions are working or not working for you? Please explain.
3. What would you like to have more of for improving the overall health problem for children and adults? Please explain.
4. What would you like to do differently in the treatment planning for improving mental health as it relates to healthcare issues of children and adults? Please explain.
5. Do you currently use a nutritional intervention in treatment planning? If so, tell me about your nutritional intervention in treatment planning.
6. Given that this poor dieting for children and adults has gone on for so long, it is recognized as a healthcare epidemic. Have you managed to maintain hope that something can be done to improve treatment planning at your organization? If so, tell me how this is achieved
7. What stands out in your mind about that effort for improving healthcare problems for children and adults as it relates to mental health? Please explain.
8. What made that intervention of improving mental health so exciting, meaningful or satisfying? Please explain how you might be encouraged to use a nutritional intervention.
9. What is your understanding of holistic health approach for treating mental health? Please explain.

10. Do you believe in treating the whole person it might change the healthcare problem that impedes mental health for children and adults? If so, tell me about your experiences in treating the mind, body, and soul.

11. What is needed to make your work more focal treatment for identifying those key barriers in order to promote healthy lifestyle? Please explain.

12. Do you have any additional information that may be needed for addressing the healthcare epidemic for children and adults?

13. Do you have any additional information that may be needed for addressing the health care problems for clients?

APPENDIX C.

STATEMENT OF ORIGINAL WORK AND SIGNATURE

I HAVE READ, UNDERSTOOD, AND ABIDED BY CAPELLA UNIVERSITY'S ACADEMIC HONESTY POLICY (3.01.01) AND RESEARCH MISCONDUCT POLICY (3.03.06), INCLUDING THE POLICY STATEMENTS, RATIONALE, AND DEFINITIONS. I ATTEST THAT THIS DISSERTATION OR CAPSTONE PROJECT IS MY OWN WORK. WHERE I HAVE USED THE IDEAS OR WORDS OF OTHERS, I HAVE PARAPHRASED, SUMMARIZED, OR USED DIRECT QUOTES FOLLOWING THE GUIDELINES SET FORTH IN THE APA PUBLICATION MANUAL.

Learner name and date: Margaret A. Jackson April 29, 2015

Mentor name and school: ______________________